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ABSTRACT

One of the strengths of the 1990 World Summit for Children was its emphasis on goals to drive development and shape actions, and on the need to monitor progress, thereby transforming the way the world collected and processed data on children and women and creating a vital base and baseline for progress. In 2000, an exhaustive end-decade review of progress toward the Summit goals was undertaken. This report, a statistical review presenting data on the situation of children in countries, areas, and territories around the world, draws upon individual government efforts, national progress reports from over 150 countries, periodic reports from countries that have ratified the Convention on the Rights of the Child, and a new data collection tool, the multiple indicator cluster survey. Tables, graphs, charts, and narrative commentaries are used to present current and trend data on the following indicators: (1) infant and under-five mortality; (2) child malnutrition; (3) safe drinking water; (4) sanitation; (5) guinea worm disease; (6) primary education; (7) adult literacy; (8) acute respiratory infection; (9) maternal mortality; (10) fertility and family planning; (11) maternal care; (12) vitamin A deficiency; (13) iodine deficiency disorders; (14) breastfeeding; (15) low birthweight; (16) immunization; (17) measles; (18) neonatal tetanus; (19) diarrhoeal disease; (20) polio eradication; (21) HIV/AIDS; (22) working children; (23) birth registration; (24) the Integrated Management of Childhood Illness (IMCI) initiative; and (25) malaria. The report notes that although the new data collection tool has revolutionized many countries' ability to document and understand the situation of women and children in their countries,

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significant gaps still exist in the knowledge base and limit the world's collective ability to protect children's rights and improve their lives. (KB)

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Explanatory Note

The tables, graphs and charts in this statistical review present data on the situation of children in countries, areas and territories around the world.

Progress

A STATISTICAL REVIEW

since the World Summit for Children

Good policies and actions for children are built on a base of strong data and the analysis such data make possible.

The World Summit for Children, with its emphasis on goals to drive development and shape actions, and the corresponding need to monitor progress, had many strengths. One was to transform the way the world collected and processed data on children and women, creating a vital base and baseline for progress.

In 2000, an exhaustive and exacting end-decade review of progress towards the Summit goals was undertaken. This publication presents, in data and global trends, the results of this largest-ever effort to survey, extract, measure and analyse information on how well the world has kept its promises to children and women.

The publication has drawn on a range of sources and materials never before available, the result of the efforts governments made to strengthen reporting mechanisms on children and data collection systems over the course of the 1990s. In addition, nearly 150 countries also prepared substantive national progress reports. Adding to the cascade of information were the periodic reports by countries that have ratified the Convention on the Rights of the Child, as well as data from review exercises resulting from other international conferences. A completely new data collection tool, the multiple indicator cluster survey, was also developed (see back page), revolutionizing many countries' ability to document and understand the situation of children and women.

But even with such significant data-related progress, the world's collective ability to protect children's rights and improve their lives is still too weak because of gaps that persist in our knowledge. Subnational data are not available in all countries, for example, and disaggregation of statistics remains a major challenge, hindering efforts to address disparities and identify the most vulnerable children, especially those at risk from armed conflict, HIV/AIDS and other serious abuses.

Good statistics enable us to look more closely, see more clearly and act more conscientiously. Improved statistics are vital to changing the world for and with children.

Inside:

» Infant and Under-Five Mortality
» Child Malnutrition
» Safe Drinking Water
» Sanitation
» Guinea Worm Disease
» Primary Education
» Adult Literacy
» Acute Respiratory Infection
» Maternal Mortality
» Fertility and Family Planning
» Maternal Care
» Vitamin A Deficiency
» Iodine Deficiency Disorders
» Breastfeeding
» Low Birthweight
» Immunization
» Measles
» Neonatal Tetanus
» Diarrhoeal Disease
» Polio Eradication
» HIV/AIDS
» Working Children
» Birth Registration
» IMCI
» Malaria

Meeting the promises of the World Summit for Children – 1990 to 2000

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Goal

Between 1990 and the year 2000, reduction of infant and under five child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less

» Infant and Under-Five Mortality

Result

The average global under-five mortality rate (U5MR) declined by 11 per cent globally, from 93 deaths in the early 1990s to 83 deaths per 1,000 live births in 2000. Over 60 countries achieved the targeted one-third reduction.

... but

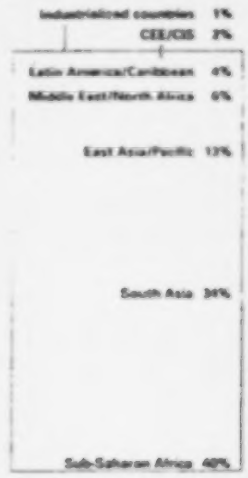
More than half of all under-five deaths are expected to occur in sub-Saharan Africa before 2010. The region's perilous situation is aggravated by the increasing number of under-five deaths due to HIV/AIDS and low immunization coverage as a result of weak health care systems.

Issue

In the early 1990s, the average global U5MR was 93 deaths to every 1,000 live births. Although the global average U5MR has declined, a significant challenge remains in sub-Saharan Africa, South Asia and the Middle East and North Africa regions, where U5MR is 175, 100 and 64 respectively. Malnutrition is associated with half of all under-five deaths and a reduction of this is central to decreasing under-five mortality.

WHERE MOST UNDER-FIVES DIE

Under-five deaths by region, 2000



Nearly 11 million under-five deaths occurred in 2000, most of them in sub-Saharan Africa and South Asia

Source: UNICEF, WHO

Under-five mortality rate*, 2000

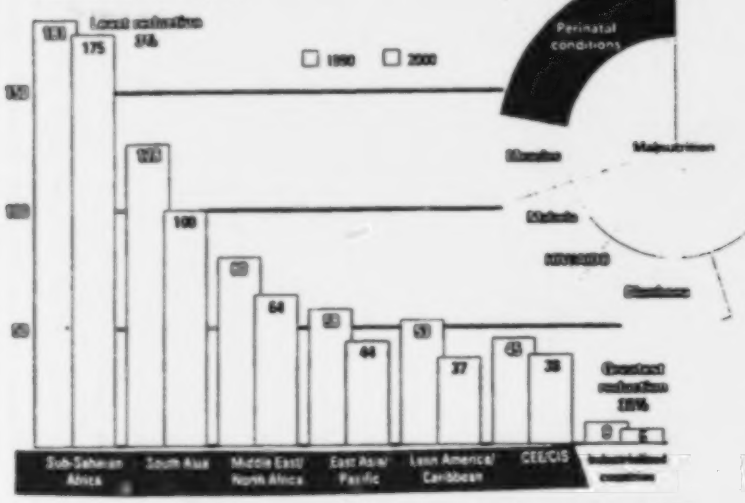
Sub-Saharan Africa	
Seychelles	17
Mauritius	20
Cape Verde	40
Namibia	69
South Africa	70
Sao Tome and Principe	75
Comoros	82
Gabon	90
Botswana	101
Ghana	102
Congo	108
Eritrea	114
Zimbabwe	117
Kenya	120
Uganda	127
Gambia	128
Lesotho	133
Madagascar	159
Senegal	159
Swaziland	142
Togo	142
Benin	154
Cameroon	154
Equatorial Guinea	156
Tanzania	165
Cote d'Ivoire	175
Ethiopia	174
Guinea	175
Regional average	175
Central African Rep.	180
Mauritania	183
Nigeria	184
Rwanda	187
Malawi	188
Burundi	190
Burkina Faso	198
Chad	198
Mozambique	200
Zambia	202
Congo, Dem. Rep.	207
Guinea-Bissau	215
Somalia	225
Mali	253
Liberia	235
Niger	270
Angola	295
Sierra Leone	316

Latin America/Caribbean	
Cuba	9
Chile	12
Costa Rica	12
Barbados	14
Antigua and Barbuda	15
Dominica	16
Uruguay	17
Bahamas	18
Saint Lucia	19
Jamaica	20
Trinidad and Tobago	20
Argentina	21
Venezuela	23
Saint Kitts and Nevis	25
Saint Vincent/Grenadines	25
Grenada	26
Panama	26
Colombia	30
Mexico	30
Paraguay	31
Ecuador	32
Suriname	35
Regional average	37
Brazil	38
El Salvador	40
Honduras	40
Belize	41
Nicaragua	45
Dominican Rep.	48
Peru	50
Guatemala	59
Guyana	74
Bolivia	80
Haiti	125

South Asia	
Sri Lanka	19
Maldives	80
Bangladesh	82
India	9[illegible]
Bhutan	109
Nepal	100
Regional average	100
Pakistan	110
Afghanistan	257

Big differences in child mortality rate changes

Under-five mortality rate by region



Least improvement in region with highest U5MR and greatest improvement in region with lowest U5MR.

Important data, but questions remain

Under-five deaths by cause, 1999

Estimates of under-five deaths by cause are important for targeting interventions to reduce child mortality and to monitor progress. Although the total of under-five deaths is relatively well known, the proportion related to each cause is much more uncertain and hence no numbers are used on the chart. There are several reasons for this. First, vital registration systems that provide cause-of-death data in industrialized countries do not exist in most developing countries. Second, children often die from multiple causes, and deciding which is the primary cause can be difficult. In addition, malnutrition is associated with half of all deaths. Third, small-scale studies must be used to estimate the cause for the majority of under-five deaths. Most of these studies refer to the first half of the 1990s and earlier, and hence provide no data on changes in the last half of the decade. As an example of the uncertainty, estimates for measles deaths vary between 1 per cent and 8 per cent.

East Asia/Pacific	
Singapore	4
Korea, Rep.	5
Brunei Darussalam	7
Malaysia	9
Tonga	21
Fiji	22
Cook Islands	24
Micronesia, Fed. States	24
Solomon Islands	25
Samoa	26
Palau	29
Thailand	29
Korea, Dem. People's Rep.	30
Nauru	30
Viet Nam	39
China	40
Philippines	40
Vanuatu	44
Regional average	**44**
Indonesia	48
Tuvalu	53
Marshall Islands	62
Kiribati	70
Mongolia	78
Lao People's Dem. Rep.	105
Myanmar	110
Papua New Guinea	112
Cambodia	135
East Timor	No data
Niue	No data

CEE/CIS*	
Czech Rep.	5
Croatia	9
Hungary	9
Slovakia	9
Poland	10
Bulgaria	16
Bosnia and Herzegovina	18
Belarus	20
Yugoslavia	20
Estonia	21
Latvia	21
Lithuania	21
Ukraine	21
Romania	22
Russian Federation	22
TFYR Macedonia**	26
Georgia	29
Armenia	30
Albania	31
Moldova, Rep.	33
Regional average	**38**
Turkey	45
Kyrgyzstan	63
Uzbekistan	67
Turkmenistan	70
Tajikistan	75
Kazakhstan	75
Azerbaijan	105

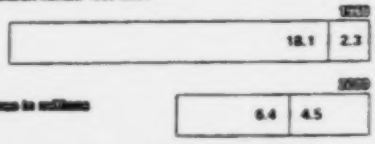
Middle East/North Africa	
Cyprus	7
United Arab Emirates	9
Kuwait	10
Oman	14
Bahrain	16
Qatar	16
Libya	20
Occupied Palestinian Territory	25
Tunisia	28
Saudi Arabia	29
Syria	29
Lebanon	32
Jordan	34
Egypt	43
Iran	44
Morocco	46
Regional average	**64**
Algeria	65
Sudan	108
Yemen	117
Iraq	150
Djibouti	146
World average	**83**
Developing countries' average	**91**

Industrialized countries	
Iceland	4
Japan	4
Norway	4
Sweden	4
Switzerland	4
Austria	5
Denmark	5
Finland	5
France	5
Germany	5
Luxembourg	5
Monaco	5
Netherlands	5
Slovenia	5
Spain	5
Australia	6
Belgium	6
Canada	6
Greece	6
Ireland	6
Israel	6
Italy	6
Malta	6
New Zealand	6
Portugal	6
San Marino	6
United Kingdom	6
Regional average	**6**
Andorra	7
United States	8
Liechtenstein	11
Holy See	No data

*The under-five mortality rate is the probability of dying between birth and exactly five years of age per 1,000 live births. For industrialized countries, the data come from vital registration systems; for many other countries, where the majority of under-five deaths occur, the data are derived from censuses and household surveys.

Deaths drop by half globally, but double in Africa

Under-five deaths in the World (excluding sub-Saharan Africa) and Sub-Saharan Africa, 1960-2000



Global under-five deaths over the last four decades have fallen from 20.4 million to 10.9 million annually. During this time deaths in sub-Saharan Africa almost doubled from 2.3 million to 4.5 million annually.

*Throughout this report, CEE/CIS includes the Baltic States.
**Throughout this report, TFYR Macedonia refers to the former Yugoslav Republic of Macedonia.

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Goal

Reduction of severe and moderate malnutrition among under-five children by half

» Child Malnutrition

Where chronic malnutrition is highest

Countries where stunting in under-fives is 40 per cent or more

Korea, Dem. People's Rep.	60
Zambia	59
Burundi	57
Nepal	54
Afghanistan	52
Yemen	52
Ethiopia	51
Madagascar	49
Malawi	49
Cambodia	46
Guatemala	46
India	46
Nigeria	46
Bangladesh	45
Congo, Dem. Rep.	45
Lesotho	44
Mauritania	44
Tanzania	44
Rwanda	43
Comoros	42
Lao PDR	41
Bhutan	40
Niger	40

Source for all charts, graphs and tables: UNICEF, 2001

Result

Underweight prevalence declined from 32 per cent to 28 per cent in developing countries over the past decade. The most remarkable progress has been in East Asia and the Pacific.

... but

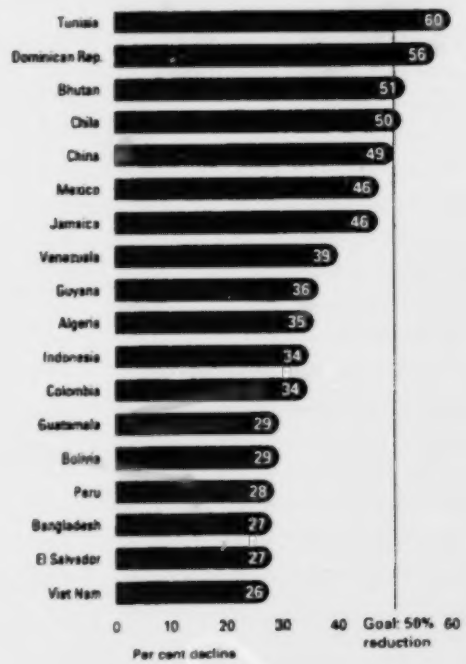
The high levels of undernutrition in children and women in South Asia and sub-Saharan Africa pose a major challenge for child survival and development. Progress is made when provision of basic services is combined with support for initiatives that inform and empower communities and families (particularly women) to ensure adequate nutrient intake and prevent infectious disease.

Issue

Malnutrition is associated with about half of all child deaths worldwide. Malnourished children have lowered resistance to infection; they are more likely to die from common childhood ailments like diarrhoeal diseases and respiratory infections; and for those who survive, frequent illness saps their nutritional status, locking them into a vicious cycle of recurring sickness, faltering growth and diminished learning ability.

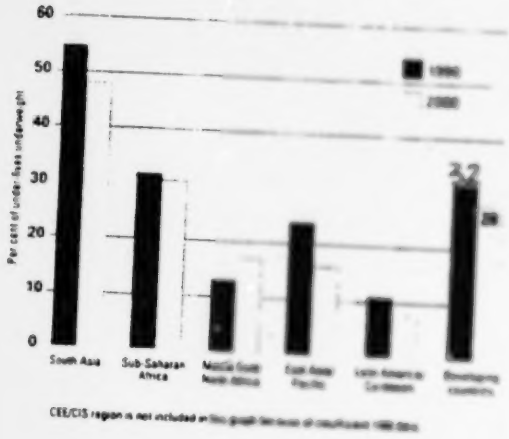
Progress during the 1990s

Countries where under weight prevalence declined by 25 per cent or more



NUTRITIONAL STATUS IMPROVES

Percentage of under-fives underweight, 1990 and 2000



CEE/CIS region is not included in this graph because of insufficient 1990 data

150 million children in developing countries are still malnourished

More than half of underweight children live in South Asia

Figures in millions

Per cent of under-fives underweight, 1995-2000

Sub-Saharan Africa	
Botswana	13
Zimbabwe	13
Congo	14
Lesotho	16
Mauritius	16
Sao Tome and Principe	16
Gambia	17
Senegal	18
Cameroon	21
Côte d'Ivoire	21
Guinea	23
Guinea-Bissau	23
Kenya	23
Mauritania	23
Central African Rep.	24
Comoros	25
Ghana	25
Malawi	25
Togo	25
Zambia	25
Mozambique	26
Somalia	26
Uganda	26
Nigeria	27
Sierra Leone	27
Chad	28
Benin	29
Rwanda	29
Tanzania	29
Regional average	**30**
Madagascar	33
Burkina Faso	34
Congo, Dem. Rep.	34
Niger	40
Mali	43
Eritrea	44
Burundi	45
Ethiopia	47

Middle East/North Africa	
Lebanon	3
Occupied Palestinian Territory	4
Tunisia	4
Jordan	5
Libya	5
Algeria	6
Qatar	6
Bahrain	9
Kuwait	10
Iran	11
Egypt	12
Syria	13
Saudi Arabia	14
United Arab Emirates	14
Regional average	**15**
Iraq	16
Yemen	17
Djibouti	18
Oman	24
Morocco	46

East Asia/Pacific	
China	10
Mongolia	13
Regional average	**17**
Malaysia	18
Indonesia	26
Philippines	28
Viet Nam	33
Myanmar	36
Lao People's Dem. Rep.	40
Cambodia	46
Korea, Dem. People's Rep.	60

South Asia	
Bhutan	19
Sri Lanka	33
Pakistan	38
Maldives	43
Regional average	**46**
Nepal	47
India	47
Bangladesh	48
Afghanistan	48

Latin America/Caribbean	
Chile	1
Cuba	4
Jamaica	4
Costa Rica	5
Dominican Rep.	5
Paraguay	5
Uruguay	5
Venezuela	5
Brazil	6
Colombia	7
Panama	7
Regional average	**8**
Mexico	8
Peru	8
Bolivia	10
El Salvador	12
Guyana	12
Nicaragua	12
Ecuador	15
Guatemala	24
Honduras	25
Haiti	28

CEE/CIS	
Croatia	1
Yugoslavia	2
Armenia	3
Georgia	3
Moldova, Rep.	3
Russian Federation	3
Ukraine	3
Bosnia and Herzegovina	4
Kazakhstan	4
TFYR Macedonia	6
Regional average	**7**
Turkey	8
Kyrgyzstan	11
Albania	14
Azerbaijan	17
Uzbekistan	19

28%

Old data or no data:

Sub-Saharan Africa: Angola, Cape Verde, Equatorial Guinea, Gabon, Liberia, Namibia, Seychelles, South Africa, Swaziland

Middle East/North Africa: Cyprus, Morocco

East Asia/Pacific: Brunei Darussalam, Cook Islands, East Timor, Fed. States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Republic of Korea, Samoa, Singapore, Solomon Islands, Thailand, Tonga, Tuvalu, Vanuatu

Latin America/Caribbean: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent/Grenadines, Suriname, Trinidad and Tobago

CEE/CIS: Belarus, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Tajikistan, Turkmenistan

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Goal
Universal access to safe drinking water*

» Safe Drinking Water

Result

During the decade, global coverage rose* from 77 per cent to 82 per cent. This means that nearly 1 billion more people gained access to improved drinking water sources* during the 1990s.

... but

Some 1.1 billion people still lack access. Coverage remains low, especially in poor rural areas of Africa and in informal peri-urban settlements. Water quality problems have grown more severe, as dangerous levels of arsenic in groundwater have emerged in several Asian countries during the decade.

Issue

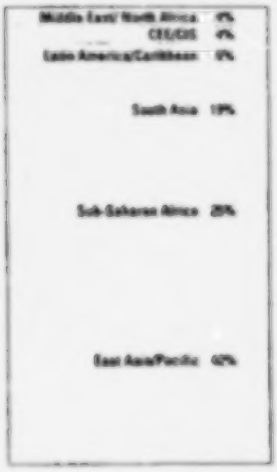
In 1990, the challenge of ensuring universal access to safe drinking water by 2000 meant reaching 1.2 billion people, or 23 per cent of the world's population, with clean, sustainable water supplies. This challenge remained despite the gains made during the International Drinking Water Supply and Sanitation Decade (1981-1990).

*Access to safe drinking water is determined by percentage of population using different kinds of water sources.

Improved: Household connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection

Not improved: Unprotected well, unprotected spring, vendor provided water, bottled water, tanker truck water

1.1 billion people still without access to safe drinking water



Per cent of population with access to safe drinking water, (1990) and 2000

Sub-Saharan Africa

Mauritius (100)	100
Comoros (68)	96
Botswana (93)	95
Gabon (-)	86
South Africa (86)	86
Zimbabwe (78)	83
Côte d'Ivoire (80)	81
Burundi (69)	78
Lesotho (-)	78
Senegal (78)	78
Namibia (72)	77
Cape Verde (-)	74
Ghana (55)	75
Central African Rep. (46)	70
Tanzania (58)	68
Mali (55)	65
Zambia (52)	64
Benin (-)	63
Gambia (-)	62
Nigeria (53)	62
Niger (53)	59
Cameroon (51)	58
Kenya (45)	57
Malawi (49)	57
Mozambique (-)	57
Sierra Leone (-)	57
Regional average (53)	56
Guinea-Bissau (-)	54
Togo (51)	52
Uganda (45)	51
Congo (-)	49
Guinea (45)	47
Madagascar (44)	46
Eritrea (-)	45
Congo, Dem. Rep. (-)	44
Equatorial Guinea (-)	42
Burkina Faso (-)	41
Rwanda (-)	38
Angola (-)	37
Mauritania (57)	27
Chad (-)	24
Ethiopia (25)	

Middle East/North Africa

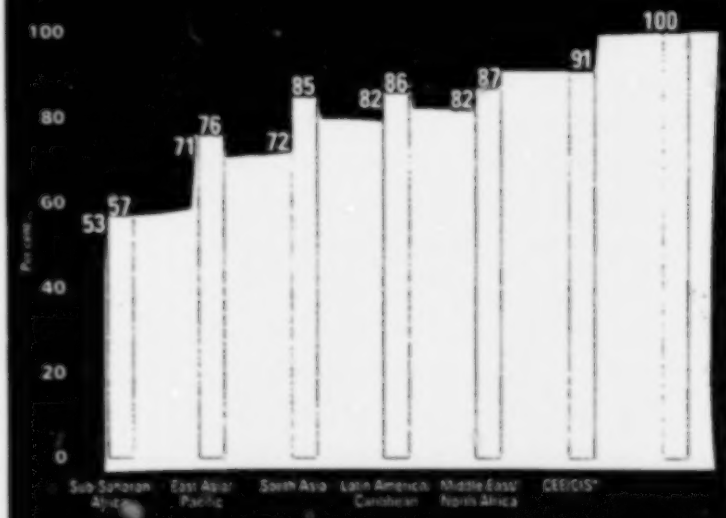
Cyprus (100)	100
Djibouti (-)	100
Lebanon (-)	100
Egypt (94)	97
Jordan (97)	96
Saudi Arabia (-)	95
Iran (-)	92
Algeria (-)	89
Regional average (82)	87
Occupied Palestinian Terr. (-)	86
Iraq (-)	85
Morocco (75)	80
Syria (-)	80
Tunisia (75)	80
Sudan (62)	75
Libya (71)	72
Yemen (-)	69
Oman (37)	59

East Asia/Pacific

Cook Islands (100)	100
Korea, Dem. People's Rep. (-)	100
Niue (100)	100
Singapore (100)	100
Tonga (-)	100
Tuvalu (-)	100
Samoa (-)	99
Korea, Rep. (-)	92
Vanuatu (-)	88
Philippines (87)	86
Thailand (80)	84
Palau (-)	79
Indonesia (71)	78
Viet Nam (55)	77
Regional average (71)	76
China (71)	75
Myanmar (-)	72
Solomon Islands (-)	71
Mongolia (-)	60
Kiribati (-)	56
Fiji (-)	52
Papua New Guinea (40)	42
Lao People's Dem. Rep. (-)	42
Cambodia (-)	40

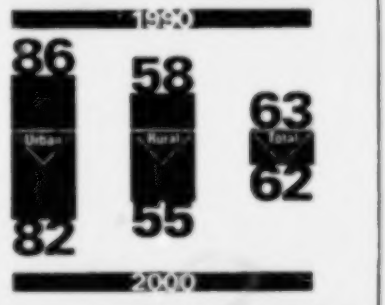
Lowest coverage in sub-Saharan Africa

Change in drinking water coverage rates by region



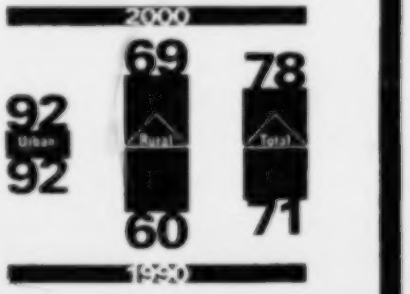
Poorest countries lose out

Coverage falls in least developed countries.



Rural areas gain

Change in drinking water coverage in all developing countries



South Asia

Maldives (-)	(88)
Bangladesh (94)	97
Pakistan (85)	90
Nepal (67)	88
Regional average (72)	**83**
India (68)	84
Sri Lanka (68)	77
Bhutan (-)	62
Afghanistan (-)	15

Latin America/Caribbean

Barbados (-)	100
Saint Kitts and Nevis (-)	98
Saint Lucia (-)	98
Uruguay (-)	98
Bahamas (-)	97
Dominica (-)	97
Costa Rica (-)	95
Grenada (-)	95
Guyana (-)	94
Chile (90)	93
Saint Vincent/Grenadines (-)	93
Belize (-)	92
Guatemala (78)	92
Jamaica (95)	92
Antigua and Barbuda (-)	91
Colombia (94)	91
Cuba (-)	91
Panama (-)	90
Trinidad and Tobago (91)	90
Honduras (85)	88
Mexico (80)	88
Brazil (85)	87
Dominican Rep. (83)	86
Regional average (82)	**86**
Ecuador (71)	85
Bolivia (71)	85
Venezuela (-)	85
Suriname (-)	82
Peru (74)	80
Paraguay (63)	78
El Salvador (66)	77
Nicaragua (70)	77
Haiti (53)	46

CEE/CIS

Belarus (-)	100
Bulgaria (-)	100
Slovakia (-)	100
Hungary (99)	99
Russian Federation (-)	99
Ukraine (-)	98
Yugoslavia (-)	98
Albania (-)	97
Moldova, Rep. (-)	92
Kazakhstan (-)	91
Regional average (-)	**91**
Uzbekistan (-)	85
Turkey (79)	82
Georgia (-)	79
Azerbaijan (-)	78
Kyrgyzstan (-)	77
Tajikistan (-)	60
Romania (-)	58

Industrialized countries

Andorra (-)	100
Australia (100)	100
Austria (100)	100
Canada (100)	100
Denmark (-)	100
Finland (100)	100
Malta (100)	100
Monaco (-)	100
Netherlands (100)	100
Norway (100)	100
Slovenia (100)	100
Sweden (100)	100
Switzerland (100)	100
United Kingdom (100)	100
United States (100)	100
Regional average (100)	**100**

No data for 2000

Sub-Saharan Africa: Liberia, Sao Tome and Principe, Seychelles, Somalia, Swaziland

Middle East/North Africa: Bahrain, Kuwait, Qatar, United Arab Emirates

East Asia/Pacific: Brunei Darussalam, East Timor, Malaysia, Marshall Islands, Micronesia (Fed. States of), Nauru

Latin America/Caribbean: Argentina

CEE/CIS: Armenia, Bosnia and Herzegovina, Croatia, Czech Republic, Estonia, Latvia, Lithuania, Poland, TFYR Macedonia, Turkmenistan

Industrialized countries: Belgium, France, Germany, Greece, Holy See, Iceland, Ireland, Israel, Italy, Japan, Liechtenstein, Luxembourg, New Zealand, Portugal, San Marino, Spain

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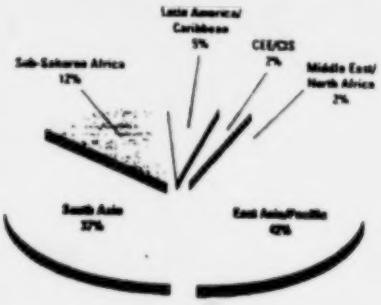
Goal

Universal access to sanitary means of excreta disposal*

» Sanitation

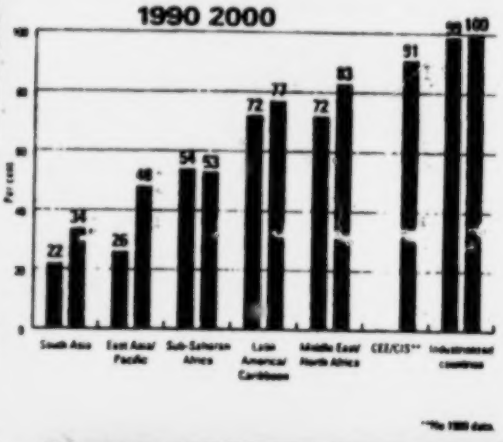
Where 2.4 billion still live without access to improved sanitation, 2000



Source for all: WHO/UNICEF Joint Monitoring Programme, 2001

Asia's progress greatest, no gain in Africa

Percentage of sanitation coverage by region, 1990 and 2000



**No 1990 data.

Result

Global sanitation coverage increased from 51 per cent to 61 per cent during the decade, extending access to improved sanitation facilities to an estimated 1 billion people.

... but

About 2.4 billion people, including more than half of all those living in Asia, still lack access. An estimated 80 per cent of those lacking sanitation live in rural areas. Many governments still do not give hygiene improvement high enough priority nor provide sufficient resources to reach the goal.

Issue

In 1990, 2.6 billion people lacked access to sanitary means of excreta disposal. Reaching them and keeping up with the increase in population was the challenge. Low-cost appropriate technologies and social mobilization campaigns were seen as crucial to success.

Sanitation coverage, 2000

Percentage of population using improved sanitation facilities

0-25% | 26-50% | 51-75% | 76-90% | 91-100% | No data

*Access to sanitary means of excreta disposal was determined by percentage of the population using improved sanitation facilities.

Improved: Connection to public sewer, connection to septic system, simple pit latrine, ventilated improved pit latrine, pour flush latrine.

Not improved: Public or shared latrine, open pit latrine, bucket latrine.

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» Guinea Worm Disease

Goal

Elimination of guinea worm disease (dracunculiasis) by the year 2000

Result

Reported cases of guinea worm dropped from almost 624,000 in 1990 to some 75,000 cases in 2000, a decline of 88 per cent. The Indian subcontinent was formally certified free of guinea worm disease in early 2000.

... but

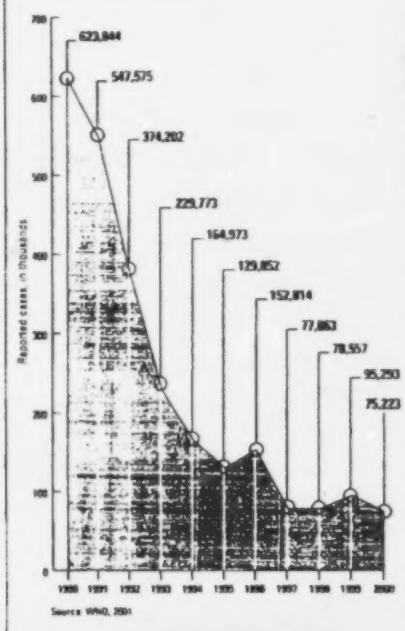
Guinea worm transmission remains endemic in the poorest villages of 14 African countries that are also prone to water shortages. Sudan alone accounts for about three quarters of the global guinea worm cases.

Issue

Guinea worm is a parasite common in places where stagnant ponds or shallow, unprotected wells are the only source of water. The parasite causes months of crippling pain to those affected, leaving adult victims unable to work or tend their children and child victims unable to go to school.

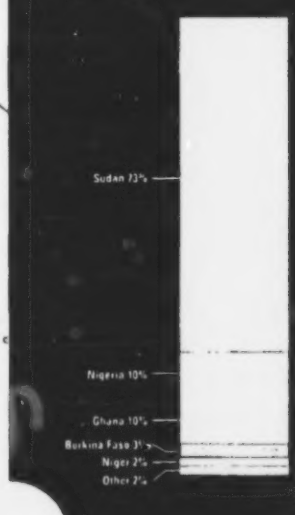
Winning battles against guinea worm

Cases worldwide, 1990-2000



AFRICA'S BURDEN

Distribution of reported guinea worm cases, 2000



Where guinea worm is still a threat

- Countries certified
- Countries under pre-certification
- Countries not yet certified, no reported cases in 2000
- Countries reporting cases in 2000
- No data

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Goal

By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary-school-age children

» Primary Education

Result

In 1990, 80 per cent of primary-school-age children were either enrolled in and/or attended school (net primary enrolment/attendance ratio). At the end of the decade, the global ratio had increased to 82 per cent. The gender gap has been halved but is still a concern in three regions. (See graph on facing page.)

... but

Despite the gain, the number of children of primary school age not in school has remained at nearly 120 million since the start of the decade due in part to population increases. Enrolment and/or attendance ratios in four regions are still below 90 per cent.

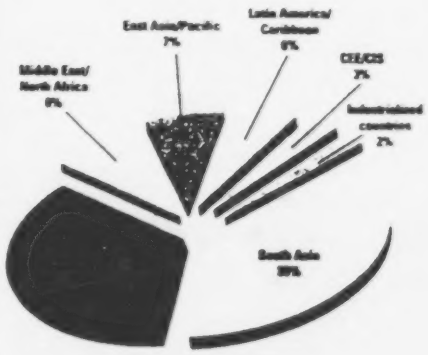
Issue

Primary education for all is not only a right; education has a major positive effect on the well-being of children and adults. At the beginning of the decade, only the countries of East Asia and the industrialized world had ratios higher than 90 per cent.

Data in these two pages is from the status of the Education for All 2000 Assessment - Statistical Document - prepared for the World Education Forum in Dakar, Senegal, April 2000, due to extensive updating, particularly from recent household surveys, including multiple indicator cluster surveys (MICS).

WHERE CHILDREN ARE OUT OF SCHOOL

Children of primary school age not in school, by region, 1999



120 million primary-school-age children were not in school in 1999, 53 per cent of them girls and 47 per cent of them boys. This is a narrower gender gap than in 1990.

Source: UNICEF 2001

Proportion of boys and girls enrolled in or attending school*, 1999

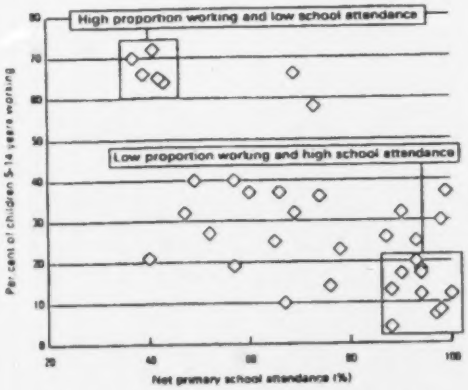
Sub-Saharan Africa	
Seychelles	100
Swaziland	100
Cape Verde	99
Mauritius	97
Sao Tome and Principe	93
Equatorial Guinea	89
South Africa	87
Uganda	87
Namibia	86
Zimbabwe	85
Botswana	84
Gabon	83
Malawi	83
Ghana	74
Kenya	74
Cameroon	73
Togo	69
Zambia	67
Rwanda	66
Lesotho	65
Somalia	64
Benin	63
Comoros	60
Regional average	**60**
Congo, Dem. Rep.	59
Cote d'Ivoire	57
Madagascar	57
Nigeria	56
Mauritania	54
Tanzania	53
Gambia	52
Angola	50
Senegal	49
Burundi	47
Ethiopia	44
Mozambique	44
Central African Rep.	43
Guinea-Bissau	42
Sierra Leone	41
Mali	40
Chad	39
Guinea	39
Eritrea	37
Niger	37
Liberia	34
Burkina Faso	27

Middle East/North Africa	
Syria	99
Lebanon	98
United Arab Emirates	98
Algeria	97
Bahrain	97
Iran	97
Cyprus	96
Libya	96
Jordan	95
Occupied Palestinian Territory	94
Qatar	94
Tunisia	94
Iraq	93
Oman	89
Kuwait	87
Egypt	86
Regional average	**81**
Saudi Arabia	76
Morocco	70
Yemen	58
Sudan	40
Djibouti	33
South Asia	
Maldives	98
Sri Lanka	90
Bangladesh	82
India	76
Regional average	**71**
Nepal	66
Bhutan	53
Pakistan	46
Afghanistan	24
World average	82
Developing countries' average	80

*This indicator was derived from administrative school data collected by national Ministries of Education together with primary school-age population data (enrolment), or from national household surveys that asked children of primary school age (attend) about their school attendance.

School and work don't mix

Per cent of children 5-14 years currently working plotted against net primary school attendance ratio, for selected countries

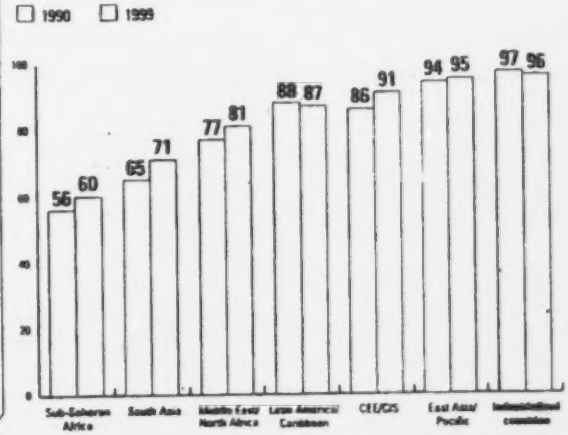

High proportion working and low school attendance
Low proportion working and high school attendance
Per cent of children 5-14 years working
Net primary school attendance (%)

Each of the diamonds in the chart represents one country, plotted using data from MICS. The chart shows a strong association between a high proportion of child workers and low attendance and between a low proportion of child workers and high attendance.

Source: UNICEF, 2001

Marginal change over the decade

Net primary school enrolment/attendance ratio, 1990 and 1999



The global net primary enrolment/attendance ratio has improved from 80 per cent in 1990 to 82 per cent in 1999.

Source: UNESCO/UNESCO, 2001

East Asia/Pacific	
Niue	100
Tuvalu	100
China	99
Fiji	99
Cook Islands	98
Nauru	98
Korea, Rep.	97
Tonga	95
Regional average	95
Malaysia	94
Viet Nam	94
Indonesia	93
Samoa	93
Singapore	93
Brunei Darussalam	91
Mongolia	90
Philippines	90
Vanuatu	90
Thailand	80
Kiribati	71
Lao People's Dem. Rep.	69
Myanmar	68
Cambodia	65

CEE/CIS	
Kazakhstan	100
Moldova, Rep.	99
Bulgaria	98
Georgia	98
Hungary	97
Kyrgyzstan	97
Poland	97
Yugoslavia	97
Romania	96
TFYR Macedonia	96
Croatia	95
Bosnia and Herzegovina	94
Latvia	94
Russian Federation	93
Tajikistan	93
Czech Rep.	91
Albania	90
Azerbaijan	88
Estonia	87
Regional average	87
Belarus	85
Turkmenistan	80
Uzbekistan	78
Turkey	72

Latin America/Caribbean	
Barbados	100
Bahamas	99
Antigua and Barbuda	98
Grenada	98
Mexico	97
Argentina	96
Brazil	95
Guyana	95
Cuba	94
Dominican Rep.	94
Jamaica	93
Uruguay	93
Belize	91
Costa Rica	91
Panama	91
Regional average	91
Colombia	90
Ecuador	90
Chile	89
Dominica	89
Saint Kitts and Nevis	89
Suriname	89
Trinidad and Tobago	88
Bolivia	87
Peru	87
Honduras	86
Paraguay	85
Saint Vincent/Grenadines	84
Venezuela	84
Nicaragua	80
El Salvador	78
Guatemala	77
Haiti	42

Industrialized countries	
France	100
Ireland	100
Italy	100
Japan	100
Malta	100
Netherlands	100
New Zealand	100
Norway	100
Portugal	100
Spain	100
Sweden	100
Denmark	99
Finland	98
Iceland	98
United Kingdom	98
Belgium	97
Switzerland	96
Regional average	96
Australia	95
Canada	95
Slovenia	95
United States	95
Austria	91
Greece	90
Germany	86

No data for 1999

Sub-Saharan Africa: Congo

East Asia/Pacific: Dem. People's Rep of Korea, East Timor, Marshall Islands, Micronesia (Fed. States of), Palau, Papua New Guinea, Solomon Islands

CEE/CIS: Armenia, Lithuania, Slovakia, Ukraine

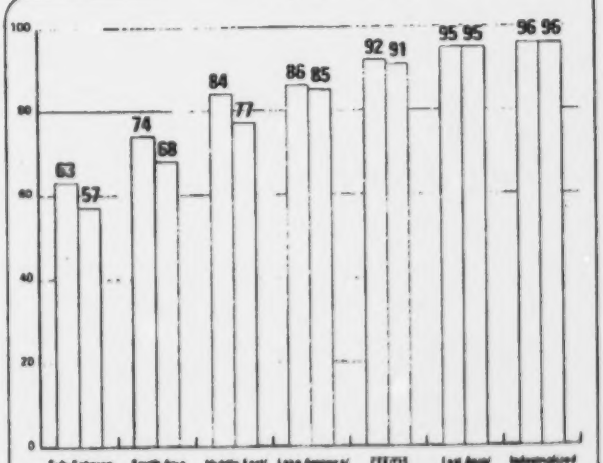
Latin America/Caribbean: Saint Lucia

Industrialized countries: Andorra, Holy See, Israel, Liechtenstein, Luxembourg, Monaco, San Marino

Source: UNICEF, 2001

Gender gap a concern in three regions

Net primary school enrolment/attendance ratio, by sex



Between 1990 and 1999 the gender gap globally was halved, falling from 6 percentage points to 3 percentage points.

Source: UNESCO/UNESCO, 2001

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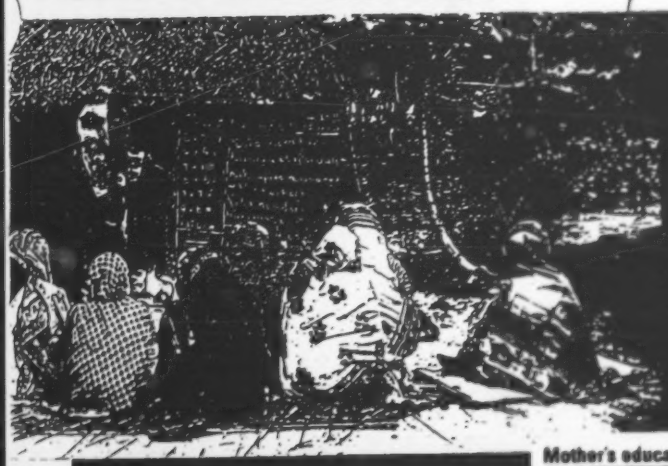
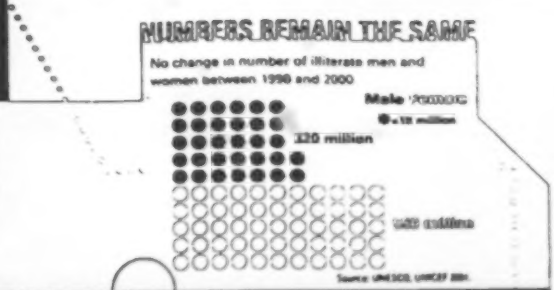
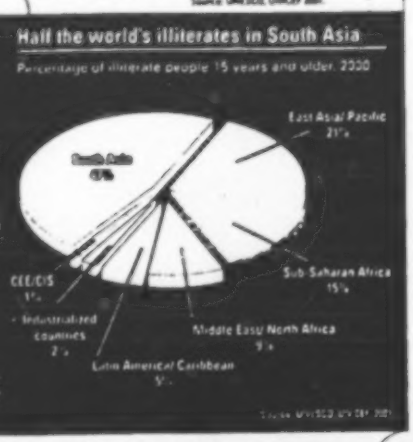
Goal

Reduction of the adult illiteracy rate to at least half its 1990 level, with emphasis on female literacy

» Adult Literacy







Result

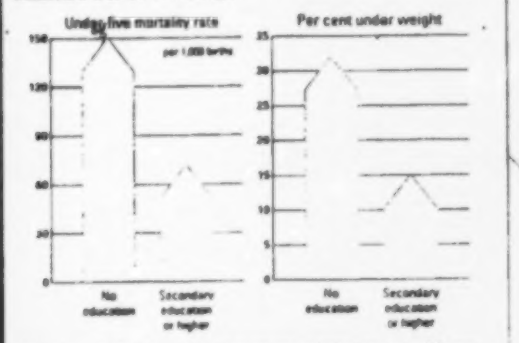
Although the illiteracy rate has decreased over the decade from 25 per cent to 20 per cent, the number of illiterate people has remained the same, in part due to population growth. The rate fell in all regions, with the largest declines in sub-Saharan Africa and East Asia and Pacific.

... but

The absolute number of illiterate people has stayed close to 900 million throughout the 1990s, with the majority found in the South Asia and East Asia and Pacific regions. The number of illiterates in South Asia has increased by nearly 40 million, despite a decrease in the rate of illiteracy.

Issue

The simplest measure of literacy is whether a person can read and write - with understanding - a simple statement related to daily life. Nearly 900 million people 15 years and older have not attained this most basic level of education.


Mother's education, child survival and development
Relationship between mother's education and under-five mortality and moderate and severe under weight
Under-five mortality rate
per 1,000 births
Per cent under weight
No education
Secondary education or higher
No education
Secondary education or higher

Literacy and education status of mothers are linked to the well-being of children. This chart, summarizing data from over 35 recent household surveys covering most regions of the world, shows that children of mothers with no education are more than twice as likely to die or to be malnourished compared with children of mothers with a secondary or higher-level education.

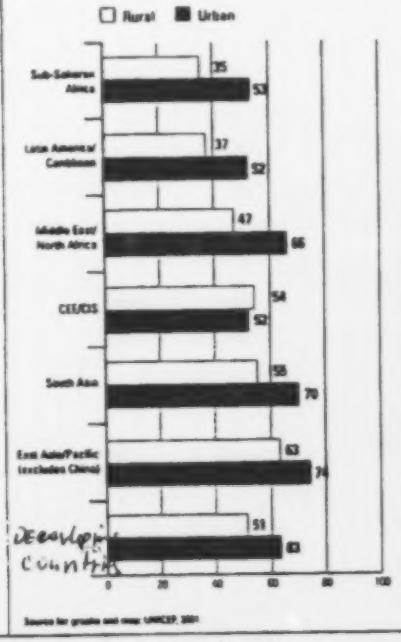
Goal

Reduction by one third in the deaths due to ARI in children under five years

»Acute Respiratory Infection (ARI)

Rural children less likely to receive care for ARI

Percentage of children with ARI taken to a health provider*, by residence



Too few children treated for ARI

Percentage of children with ARI taken to a health provider, 1990-2000

Result

The Integrated Management of Childhood Illness (IMCI) initiative, first developed in 1992, and other community-based health programmes teach caregivers to recognize the signs of ARI and seek timely treatment outside the home.

... but

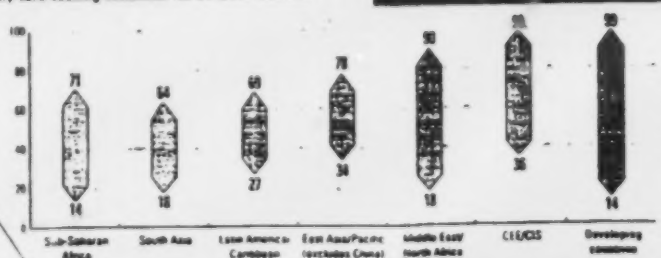
In more than 40 of the 92 countries with available data, fewer than 50 per cent of the children with ARI were taken to a health care provider. Availability and accessibility of appropriate health care providers and antibiotics must also be improved in many countries.

Issue

ARI is a leading cause of death in children under the age of five in developing countries. Pneumonia is the most serious of these infections but often can be treated with affordable antibiotics. When children develop signs of ARI – a cough accompanied by short, rapid breathing – appropriate health care should be sought immediately.

Regional differences in seeking care for children

Wide intercountry and regional variations in promoting timely care-seeking behaviour for children with ARI



The two data points for each region show the highest and the lowest country rates achieved in taking children with ARI to a health care provider.

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Goal

Between 1990 and the year 2000, reduction of maternal mortality rate (MMR) by half

» Maternal Mortality

A 1-IN-13 RISK OF DEATH

In sub-Saharan Africa women face a 1-in-13 chance of dying in childbirth, as compared to a 1-in-4,100 chance in industrialized countries.

Region	Lifetime risk of dying in pregnancy or childbirth*
Sub-Saharan Africa	1 in 13
South Asia	1 in 55
Middle East/North Africa	1 in 55
Latin America/Caribbean	1 in 140
East Asia/Pacific	1 in 250
CEE/CIS	1 in 800
Least developed countries	1 in 18
Developing countries	1 in 80
Industrialized countries	1 in 4,100
World	1 in 75

* Affected not only by maternal mortality rates but also by the number of births per woman.

Source: WHO, UNICEF and UNFPA, Maternal Mortality in 1995: Estimates Developed by WHO, UNICEF, UNFPA, 2001.

Result

Skilled care at delivery has increased across all developing regions. However, in some countries, and in sub-Saharan Africa as a whole, where maternal mortality is highest, delivery care has not improved significantly.

... but

Access to antenatal care and quality essential obstetric care must be made available to all women.

Issue

Complications during pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in developing countries, killing an estimated 515,000 women each year.

For every woman who dies, approximately 30 more endure injuries, infection and disabilities in pregnancy or childbirth. This means that at least 15 million women a year suffer this type of damage.

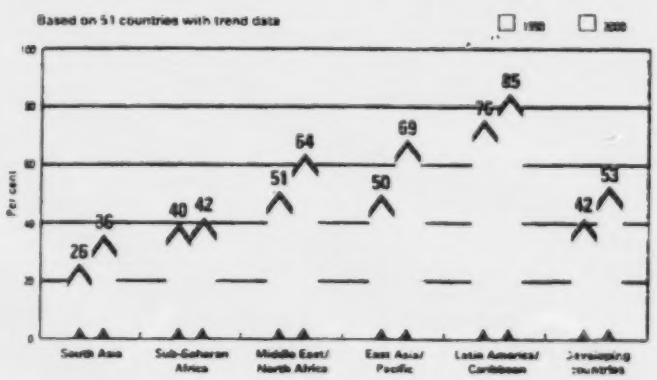
Difficulties in monitoring progress

Measuring maternal mortality trends is difficult. Only a few countries have the vital registration systems needed to monitor such trends. Those that do account for only about one quarter of live births and relatively few maternal deaths.

The proportion of births attended by skilled health personnel has been recommended as a measure of progress for maternal mortality. As the chart (below) shows, in sub-Saharan Africa, where maternal mortality is highest, skilled care at delivery has not increased.

Trends in skilled care at delivery (1990-2000)

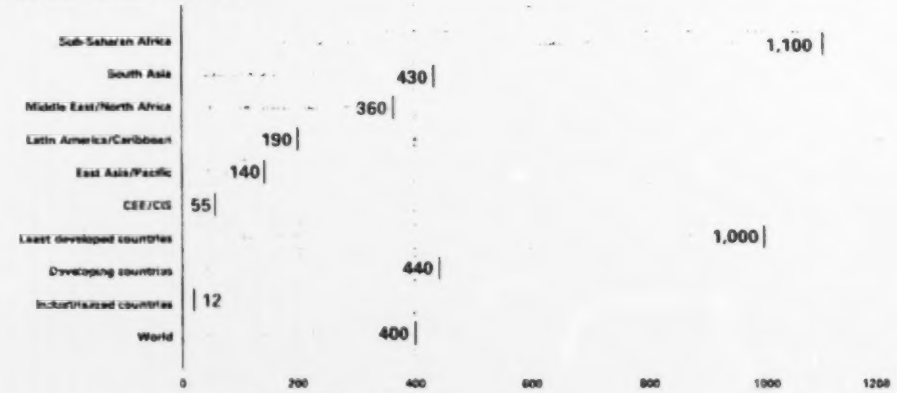
In sub-Saharan Africa, where maternal mortality is highest, delivery care has not improved



Source: UNICEF, 2001.

Maternal mortality ratios*, by region

Highest levels in sub-Saharan Africa



*Maternal mortality ratio per 100,000 live births, 1995.

Source: WHO, UNICEF and UNFPA, *Maternal Mortality in 1995: Estimates developed by WHO, UNICEF, UNFPA*, 2001

Risking death to give life

Maternal mortality ratio per 100,000 live births

Source: WHO, UNICEF and UNFPA, *Maternal Mortality in 1995: Estimates developed by WHO, UNICEF, UNFPA*, 2001

Essential obstetric care

Essential obstetric care (EOC) is critical for reducing maternal deaths. Unfortunately, national level data on the availability and use of EOC facilities are not yet available for many countries.

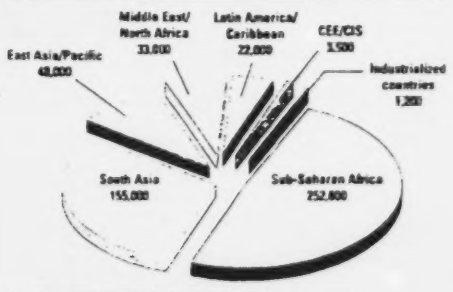
An indicator of whether EOC facilities are providing life-saving obstetric services is the rate of Caesarean section (or C-section) deliveries, one of the procedures used to treat major obstetric complications. UNICEF, WHO and UNFPA estimate that a minimum of 5 per cent of deliveries are likely to require a C-section in order to preserve the life and health of mother or infant. If the data show that less than 5 per cent of births are by C-section, this means that some life-threatening complications are not receiving the necessary care. Rates higher than 15 per cent indicate inappropriate use of the procedure.

Unmet need: Where C-section rates are lower than 5 per cent

Chad	0.5	Guinea	2.0
Madagascar	0.6	Togo	2.0
Niger	0.6	Benin	2.2
Ethiopia	0.7	Senegal	2.2
Mali	0.8	Uganda	2.6
Nepal	1.0	Mozambique	2.7
Burkina Faso	1.1	Tanzania	2.9
Yemen	1.4	Uzbekistan	3.0
Eritrea	1.6	Viet Nam	3.4
Haiti	1.6	Nigeria	3.7
Central African Rep.	1.9	Cameroon	4.2
Zambia	1.9	Indonesia	4.3

Source: Demographic and Health Surveys, 1993-2000

Maternal deaths estimated at 515,000



Source: WHO, UNICEF and UNFPA, *Maternal Mortality in 1995: Estimates developed by WHO, UNICEF, UNFPA*, 2001

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Goal

Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many

Fertility and Family Planning

Result

During the decade, contraceptive prevalence increased from 57 per cent to 67 per cent globally and doubled in the least developed countries. The total fertility rate declined from 3.2 to 2.7.

... but

Only 23 per cent of women in sub-Saharan Africa use contraceptives and the region has the highest levels of fertility.

Issue

Too many births too close together, or at too young or too old an age, are a major cause of illness, disability, poor nutrition and premature death among women and children. Fewer births can significantly improve both the lives of women and children's survival, nutrition, health and education.

In the early 1990s, some 120 million women in developing countries who did not want to become pregnant were not using family planning. As a result, one pregnancy in every five was unwanted.

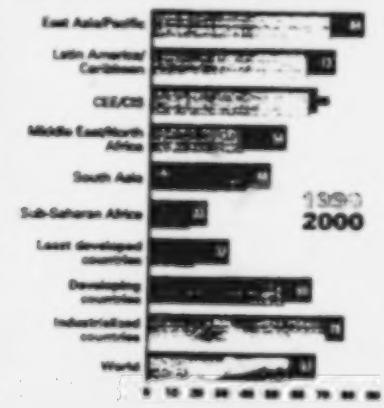
Where fertility rates are the highest – most with no change over the decade.

Niger	8.1	8.0	0.1
Yemen	7.6	7.6	0.0
Somalia	7.3	7.3	0.0
Angola	7.2	7.2	0.0
Uganda	7.1	7.1	0.0
Mali	7.0	7.0	0.0
Afghanistan	7.1	6.9	0.2
Burkina Faso	7.3	6.8	0.5
Burundi	6.8	6.8	0.0
Ethiopia	6.9	6.8	0.1
Liberia	6.8	6.8	0.0
Chad	6.7	6.7	0.0
Congo, Dem. Rep.	6.7	6.7	0.0
Malawi	7.3	6.5	0.8
Sierra Leone	6.5	6.5	0.0
Congo	6.5	6.5	0.0
Guinea	6.6	6.1	0.5
Mozambique	6.5	6.1	0.4
Guinea-Bissau	6.0	6.0	0.0
Mauritania	6.2	6.0	0.2
Rwanda	6.9	6.0	0.9

Source: UN Population Division, Population Database and Projections, 2004 Revision.

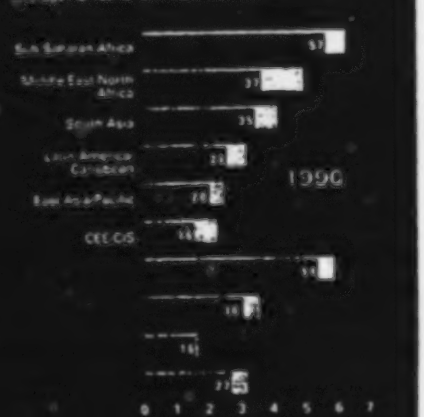
Contraceptive use

Percentage of women (in union) aged 15–49 currently using contraception



Fertility rates decline

Average number of births per woman



Births too early

Every year, adolescent girls give birth to 15 million infants. There are higher risks during pregnancy and birth for girls aged 15-19. Births are more likely to be unintended and premature, and adolescent childbirth carries greater risks of dying in pregnancy and complications during delivery. Motherhood also limits girls' opportunities for better education, jobs and income, and increases the likelihood of divorce and separation. Babies born to teenagers also face a higher risk of low birthweight, serious long-term disability and dying during infancy. Moreover, in many countries, children born to adolescent mothers are more likely to be undernourished than those born to older mothers.

The adolescent fertility rate, defined as the annual number of live births per 1,000 girls aged 15-19, is estimated at 50 per 1,000 worldwide for the period 2000-2005. As in total fertility, teenage fertility is highest in sub-Saharan Africa at 127 per 1,000. It is 71 in Latin America and the Caribbean and 18 in East Asia and the Pacific, primarily because of very low adolescent fertility in China.

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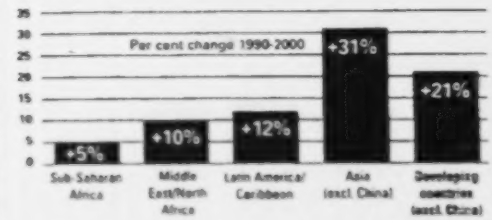
Goal

Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies

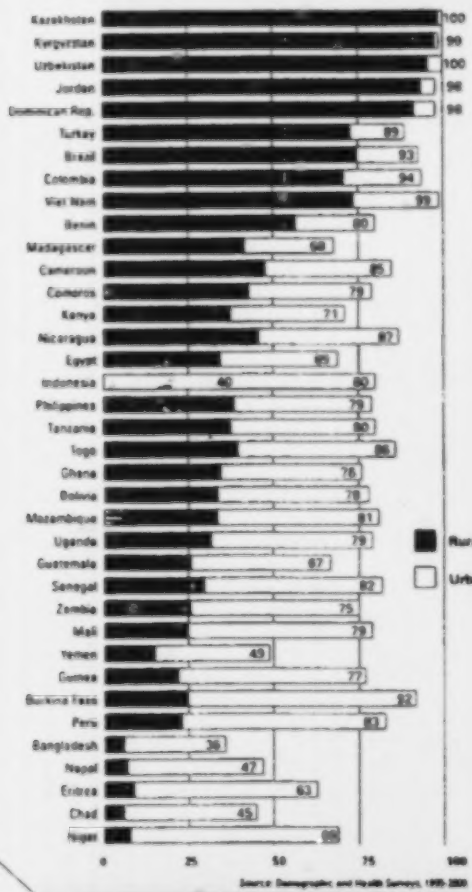
Maternal Care

Improvements in antenatal care*, 1990-2000



Rural/urban differences in skilled attendants at delivery, 1995-2000

Urban rates on average are more than twice as high as rural



Result

Apart from sub-Saharan Africa, where maternal mortality is highest, antenatal and delivery care have improved significantly in all regions, though not all countries have shared equally in such improvements.

... but

Delivery care coverage is 37 per cent in sub-Saharan Africa and 29 per cent in South Asia; essential obstetric care coverage is even lower. Countries with the lowest levels of care for pregnant women need to invest in programmes that will give women accelerated access to antenatal delivery care.

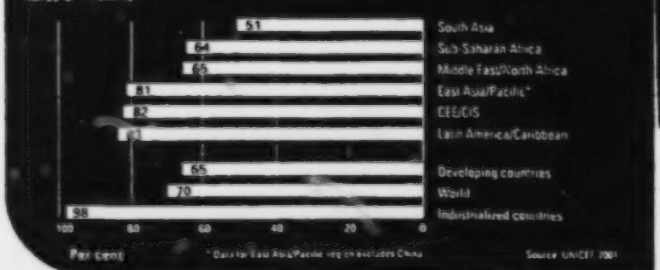
Issue

Regular contact with a doctor, nurse or midwife during pregnancy allows women to receive advice on tetanus immunizations, good nutrition, hygiene and rest and allows health workers to detect potential complications. It is also an opportunity to provide services to help prevent mother-to-child HIV transmission, prevent and treat malaria and distribute micronutrient supplementation.

Labour and delivery, too, should be supervised by doctors, midwives or nurses who have the skills to safely handle normal deliveries and to recognize the onset of complications requiring emergency care.

Antenatal care, by region. Only half of women in South Asia receive antenatal care

Percentage of women aged 15-49 attended at least once during pregnancy by a doctor, nurse or midwife



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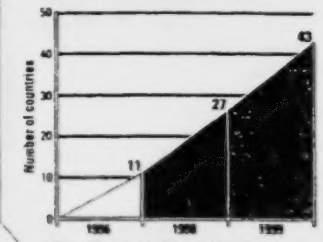
Goal

Elimination of vitamin A deficiency

» Vitamin A Deficiency

RAPID PROGRESS

Increase in number of countries with high supplementation coverage*



* Where 70% or more of children received at least one vitamin A supplement

Source: UNICEF, 2001

Success with National Immunization Days (NIDs)

Vitamin A capsules have been widely distributed through NIDs. In sub-Saharan Africa, for example, 29 countries combined vitamin A supplementation with NIDs in 1999. NIDs will be ending as polio nears eradication, and mechanisms such as Micronutrient Days, Vitamin A Days and Child Health Days – already being successfully used in some countries – need to be expanded.

Food fortification

Several countries are fortifying staple foods with vitamin A. Although fortification cannot reach all vulnerable groups, it can provide the foundation to make supplementation programmes more effective and sustainable.

Result

Most children in more than 40 countries are receiving at least one vitamin A supplement yearly, a remarkable achievement as only a handful of countries were reaching children with one vitamin A supplement in the mid-1990s. Between 1998 and 2000, UNICEF estimates that about 1 million child deaths may have been prevented through vitamin A supplementation.

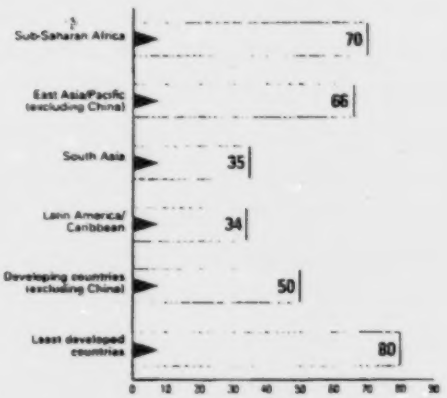
Issue

Lack of vitamin A – essential for the functioning of the immune system – can lead to irreversible blindness. But before that, a child deficient in vitamin A faces a 25 per cent greater risk of dying from common ailments, such as measles, malaria or diarrhoea. Delivery of two high-dose vitamin A capsules a year to children under five prevents vitamin A deficiency.

Countries with under-five mortality rates of more than 70 per 1,000 live births are regarded as having a vitamin A deficiency problem.

Vitamin A supplementation, 1999*

Least developed countries achieve 80 per cent coverage



*Regional averages for the Middle East and North Africa and for CEE/CIS were not calculated because the available country data cover less than half of each region's births.

Source: UNICEF, 2001

Vitamin A supplementation: Over 40 countries achieve high coverage, 1999

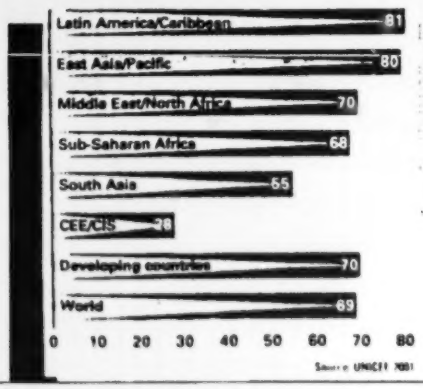
Per cent of children 6-59 months receiving at least one vitamin A supplement

- 70% or more
- 30 to 69%
- Less than 30%
- No data

Source: UNICEF, 2001

SIGNIFICANT GAINS

Percentage of households consuming iodized salt, 1997-2000

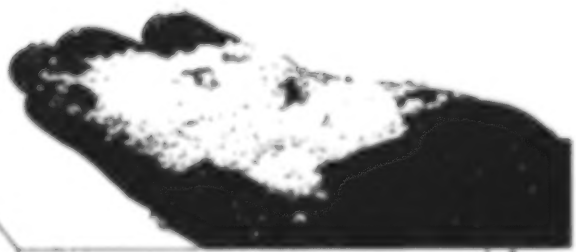


Source: UNICEF 2001

» Iodine Deficiency Disorders

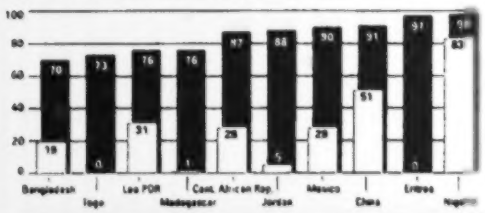
Goal

The virtual elimination of iodine deficiency disorders



Major increases in iodized salt consumption

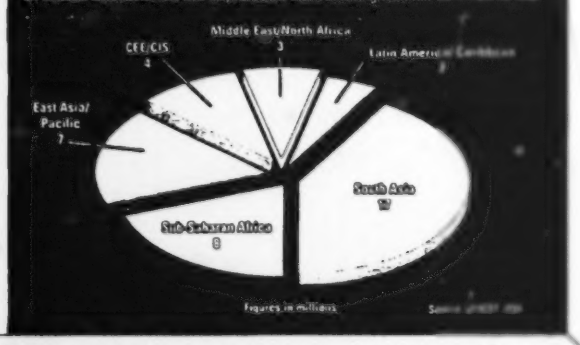
Rate increase from the early 1990s to the end of the decade in some of the poorest and most populous countries



Source: UNICEF, WHO

Millions still unprotected

41 million newborns are still unprotected from learning disabilities linked to IDD



Source: UNICEF, WHO

Major progress in iodized salt consumption in 56 countries

Percentage of households consuming iodized salt, 1997-2000

90% or more 50-89% Less than 50% No recent data

Source: UNICEF, WHO

Result

The iodization of salt is an enormous success story. Some 91 million newborns worldwide are protected yearly from a significant loss in learning ability as a result of increased usage of iodized salt. In 1990, less than 20 per cent of households in the developing world were using iodized salt. By 2000, some 70 per cent of households in the developing world were using iodized salt.

... but

There are still 35 countries where less than half the households consume iodized salt.

Issue

Iodine deficiency is the world's single greatest cause of preventable mental retardation. Severe iodine deficiency causes cretinism, and even mild deficiency can cause a significant loss in learning ability. Other effects include goitre and, in women, a higher risk of stillbirth and miscarriage.

In the early 1990s, about 1.6 billion people - or one third of the world's population - were at risk. The solution was relatively simple and low cost: the iodization of all edible salt.

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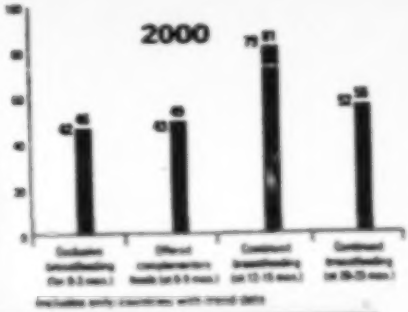
» Breastfeeding

Goal

Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year

TRENDS IN BREASTFEEDING PATTERNS

Percentage of children who are exclusively breastfed, who are breastfed and receive complementary foods and those who continue to breastfeed at specified ages



Best practices

Optimal breastfeeding practices include exclusive breastfeeding (only breastmilk with no other foods or liquids) for the first six months of life, followed by breastmilk and complementary foods (solid or semi-solid foods) from six months of age on, and continued breastfeeding for up to two years of age or beyond with complementary foods.

The International Code

The World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes in 1981 to protect and promote breastfeeding, through the provision of adequate information on appropriate infant feeding and the regulation of the marketing of breastmilk substitutes, bottles and teats. The Code prohibits the advertisement or promotion of these products to the general public or through the health care system. All governments should adopt the Code into national legislation. To date, 24 governments have adopted all of the Code's provisions into law, while a further 52 have partially adopted them.

Result

Exclusive breastfeeding rates increased by 10 per cent over the decade. Improvements were also noted in complementary feeding and in continued breastfeeding for the first and second year of life.

... but

Only about half of all infants are exclusively breastfed for the first four months of life. Now the recommendation is for exclusive breastfeeding for the first six months*

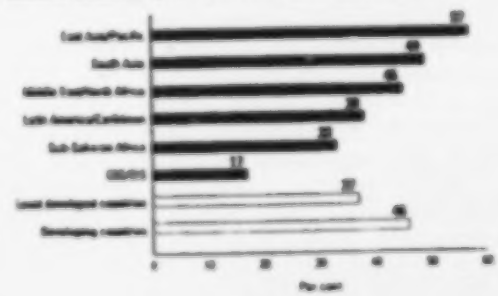
Issue

Breastmilk alone is the ideal nourishment for infants for the first six months of life as it contains all the nutrients, antibodies, hormones and antioxidants an infant needs to thrive. It protects babies from diarrhoea and acute respiratory infections, stimulates their immune systems and responses to vaccination, and, according to some studies, confers cognitive benefits.

Breastfeeding also has many health and economic benefits for the mother.

Less than half of infants are exclusively breastfed

Exclusive breastfeeding rates at less than four months (1995-2000)



*Guidelines issued during the 54th World Health Assembly in May 2001.

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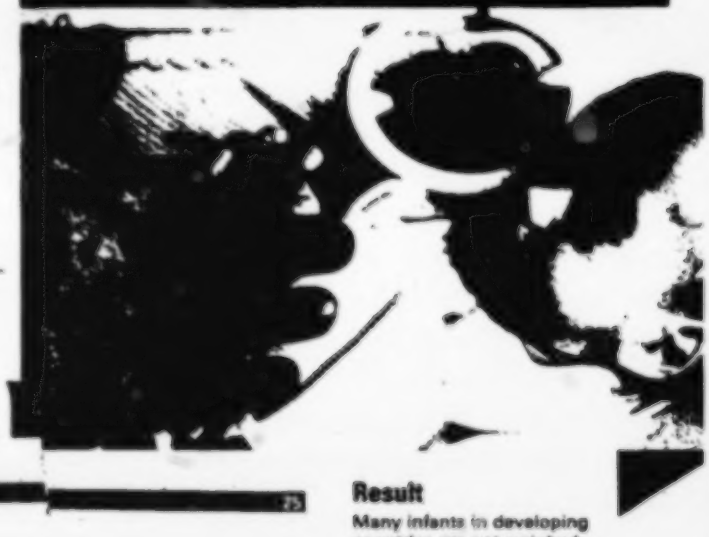
Goal

Reduction of the rate of low birthweight (less than 2.5 kg) to less than 10 per cent

» Low Birthweight



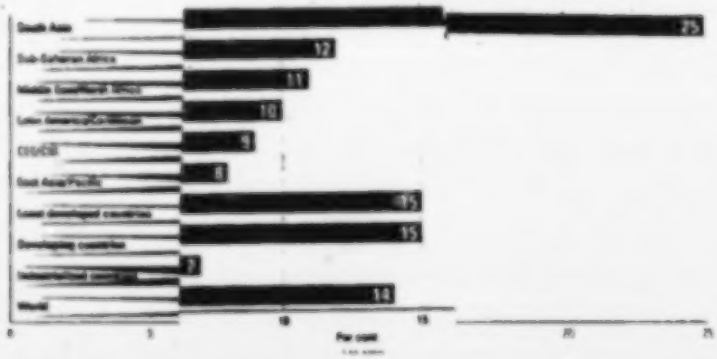
Better data on birthweight needed

Many infants in developing countries are not weighed at birth. In sub-Saharan Africa, for example, it is estimated that nearly 75 per cent of newborns are not weighed. In other regions, the percentages range from 20 per cent to 82 per cent. Much of the available data on low birthweight are, therefore, not representative of the general population and are often underestimates. A major effort is needed to improve the quality of data.

Region	Percentage not weighed or birthweight unknown
Sub-Saharan Africa	75
Middle East/North Africa	82
South Asia	77
East Asia/Pacific	40
Latin America/Caribbean	30
CEE/CIS	25
Developing countries	65
Least developed countries	77

South Asia has highest number of low-birthweight infants

Percentage of infants weighing less than 2.5 kg at birth



Result

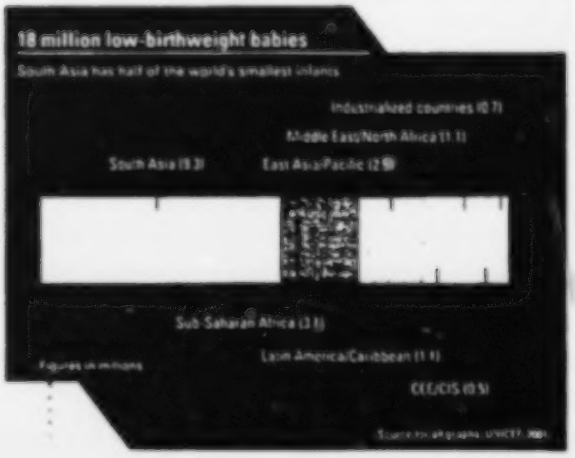
Many infants in developing countries are not weighed at birth. However, available data suggest that in 100 developing countries, low-birthweight rates are below 10 per cent.

... but

An estimated 18 million babies worldwide are born each year with low birthweight – 9.3 million of them in South Asia and 3.1 million in sub-Saharan Africa.

18 million low-birthweight babies

South Asia has half of the world's smallest infants



Issue

Low-birthweight babies (those weighing less than 2.5 kg) face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and face increased risk of disease, including that of diabetes and heart disease later in life. They are also likely to remain malnourished and to have lower IQ and cognitive disabilities leading to school failure and learning difficulties.

Weight at birth is a good indicator not only of the mother's health and nutritional status but also of the newborn's chances for survival, growth, long-term health and psychosocial development.

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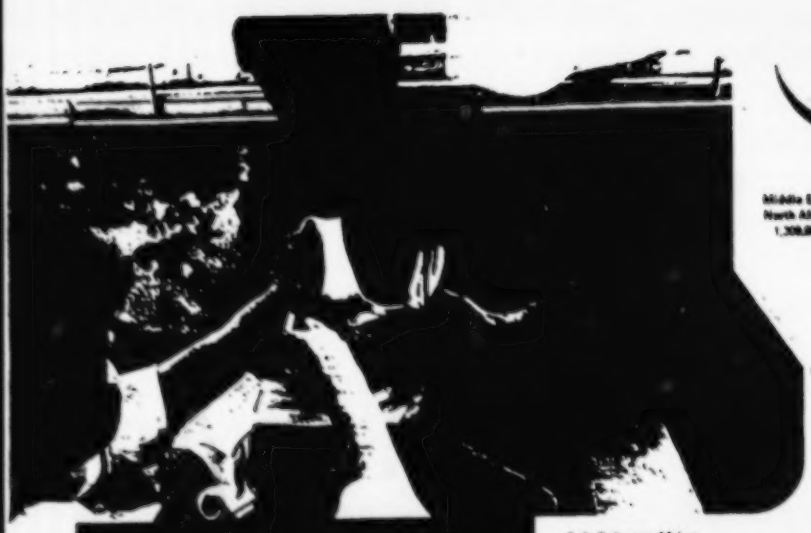
Goal

Maintenance of a high level of immunization coverage* against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of childbearing age

» Immunization



Result

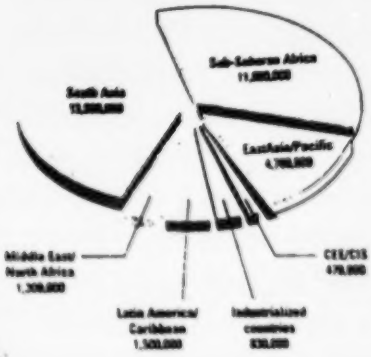
The outstanding success of immunization coverage worldwide in the 1980s was sustained in the 1990s, saving the lives of about 2.5 million children each year in the developing world. Global immunization coverage with DPT3 has remained above 70 per cent since the 1980s.

... but

Almost one third of the world's children are still not reached by routine vaccination. In sub-Saharan Africa, fewer than half of the children are immunized. Renewed commitment to immunization is needed to reduce disparities in access to immunization and to increase national coverage rates to 90 per cent, with at least 80 per cent coverage in every district by the year 2005.

*At least 90 per cent of children under one year of age by the year 2000.

34 million children not immunized with DPT3'



DPT refers to the combined diphtheria, pertussis and tetanus vaccine. The percentage of children receiving the third dose – DPT3 – is an indicator of how well countries provide routine immunization.

Source for all charts, graphs and tables: WHO/UNICEF, 199[illegible]

Sub-Saharan Africa		Middle East/North Africa	
Swaziland (89)	99	Iran (91)	99
Seychelles (99)	99	Oman (98)	99
Eritrea (-)	95	Bahrain (94)	97
Botswana (91)	90	Jordan (92)	97
Gambia (92)	88	Saudi Arabia (95)	95
Lesotho (76)	85	Tunisia (93)	96
Mauritius (85)	85	Egypt (87)	94
Rwanda (84)	85	Kuwait (71)	94
Malawi (87)	84	Lebanon (82)	94
Zambia (91)	84	Libya (84)	94
Zimbabwe (88)	81	Syria (90)	94
Benin (74)	79	United Arab Emirates (85)	94
Kenya (84)	79	Qatar (82)	92
South Africa (72)	78	Morocco (81)	91
Tanzania (78)	76	Occupied Palestinian Territory (-)	89
Burundi (83)	74	**Regional average (83)**	88
Ghana (58)	72	Algeria (82)	83
Namibia (53)	72	Iraq (83)	76
Côte d'Ivoire (54)	62	Yemen (84)	72
Mozambique (46)	61	Sudan (62)	50
Senegal (51)	60	Djibouti (85)	23
Madagascar (46)	55		
Uganda (45)	55	**East Asia/Pacific**	
Mali (42)	52	Thailand (92)	97
Cameroon (48)	48	Mongolia (84)	94
Guinea (17)	46	Singapore (85)	94
Sierra Leone (85)	46	Malaysia (89)	93
Regional average (55)	46	Viet Nam (85)	93
Burkina Faso (66)	42	Brunei (95)	92
Togo (77)	41	China (97)	90
Equatorial Guinea (77)	40	Fiji (97)	88
Mauritania (33)	40	**Regional average (88)**	85
Guinea-Bissau (61)	38	Myanmar (88)	83
Gabon (78)	37	Philippines (69)	79
Central African Rep. (82)	33	Korea, Rep. (74)	74
Liberia (-)	33	Indonesia (61)	72
Congo (59)	29	Lao, People's Dem. Rep. (18)	56
Niger (22)	28	Papua New Guinea (87)	56
Nigeria (56)	26	Cambodia (38)	49
Congo, Dem. Rep. (35)	25	Korea, Dem.People's Rep. (-)	47
Angola (24)	22		
Chad (20)	21		
Ethiopia (49)	21		
Somalia (1%)	18		

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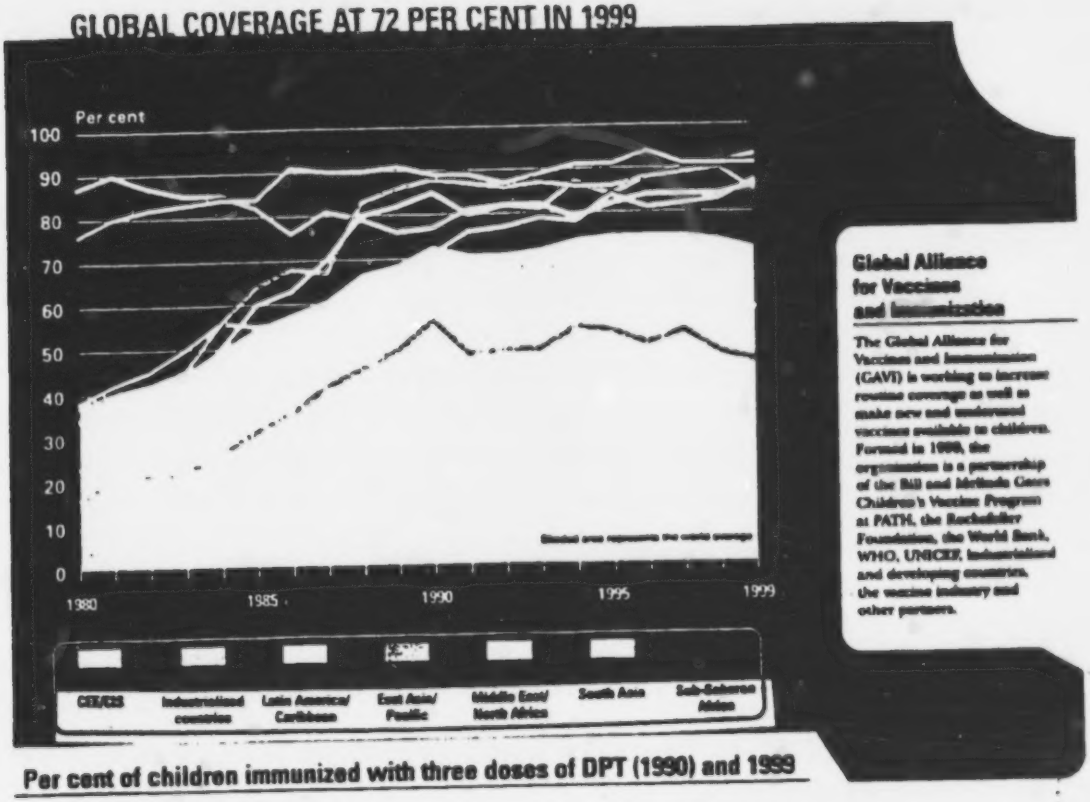
GLOBAL COVERAGE AT 72 PER CENT IN 1999



Global Alliance for Vaccines and Immunization

The Global Alliance for Vaccines and Immunization (GAVI) is working to increase routine coverage as well as make new and underused vaccines available to children. Formed in 1999, the organization is a partnership of the Bill and Melinda Gates Children's Vaccine Program at PATH, the Rockefeller Foundation, the World Bank, WHO, UNICEF, industrialized and developing countries, the vaccine industry and other partners.

Per cent of children immunized with three doses of DPT (1990) and 1999

South Asia

Sri Lanka (86)	99
Maldives (95)	92
Bhutan (98)	88
Nepal (45)	76
Bangladesh (69)	72
Regional average (57)	**58**
India (56)	56
Pakistan (54)	56
Afghanistan (25)	33

Latin America/Caribbean

Antigua and Barbuda (99)	99
Dominica (96)	99
Saint Kitts and Nevis (99)	99
Mexico (86)	96
Honduras (84)	95
Saint Vincent/Grenadines (98)	95
Chile (99)	94
Cuba (92)	94
Peru (72)	93
Uruguay (97)	93
Panama (86)	92
Brazil (66)	90
Trinidad and Tobago (89)	90
Saint Lucia (91)	89
Argentina (86)	88
Grenada (81)	88
Barbados (91)	87
Belize (91)	87
Regional average (71)	**87**
Costa Rica (95)	86
El Salvador (75)	86
Suriname (83)	85
Jamaica (86)	84
Guyana (83)	83
Nicaragua (66)	83
Bahamas (87)	81
Ecuador (75)	80
Guatemala (66)	78
Bolivia (41)	78
Venezuela (61)	77
Colombia (88)	74
Dominican Rep. (69)	73
Paraguay (67)	66
Haiti (54)	43

CEE/CIS

Azerbaijan (82)**	99
Belarus (89)	99
Hungary (99)	99
Slovakia (99)****	99
Ukraine (88)**	99
Uzbekistan (87)	99
Czech Rep. (99)***	98
Kazakhstan (80)	98
Kyrgyzstan (80)	98
Poland (98)	98
Turkmenistan (84)**	98
Albania (94)	97
Moldova, Rep. of (81)	97
Romania (96)	97
Bulgaria (99)	96
Estonia (86)***	95
Latvia (87)**	95
Russian Federation (73)**	95
TFYR Macedonia (90)***	95
Yugoslavia (84)	95
Croatia (83)**	93
Lithuania (86)**	93
Regional average (77)	**92**
Slovenia (85)	91
Armenia (85)**	90
Bosnia and Herzegovina (58)**	90
Georgia (91)	81
Tajikistan (86)	79
Turkey (84)	

Industrialized countries

Denmark (95)	99
Finland (90)	99
Iceland (99)	99
Monaco (99)	99
Sweden (99)	99
France (95)	98
Luxembourg (90)	98
Canada (88)	97
Netherlands (97)	97
Portugal (89)	97
Belgium (93)	96
Israel (93)	96
United States (90)	96
Italy (83)	95
Norway (86)	95
Spain (95)	94
Switzerland (90)	94
United Kingdom (85)	93
Malta (65)	92
Regional average (89)	**91**
Andorra (-)	90
Austria (90)	90
Australia (95)	88
Greece (54)	88
New Zealand (90)	88
Ireland (65)	86
Germany (80)	85
Japan (90)	71

The data on these pages were calculated after an extensive review of national immunization rates of the past 20 years by UNICEF and WHO in consultation with national authorities. They constitute a best estimate of coverage rates between 1980 and 1999.

– Data for 1980
— Data for 1985
—— Data for 1999

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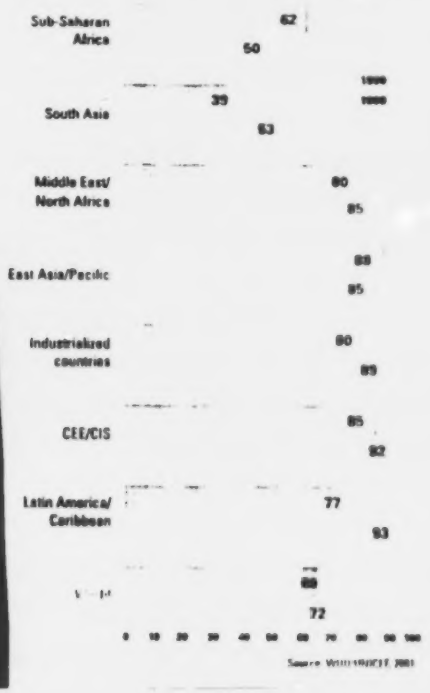
Goal

Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to eradication of measles

» Measles

Immunization improved in every region but two

Percentage of measles coverage by region, 1990 and 1999



Result

Reported annual measles cases declined by almost 40 per cent between 1990 and 1999. Worldwide, coverage with one dose of measles vaccine remained stable at about 70 per cent during the decade.

... but

Measles continues to be a major killer of children in sub-Saharan Africa and South Asia mainly because of failure to deliver at least one dose of measles vaccine. Vaccination coverage was below 50 per cent in 14 countries in 1999. Increased efforts are needed to tackle the new goal to reduce measles deaths by half by 2005.

Measles immunization coverage, 1999

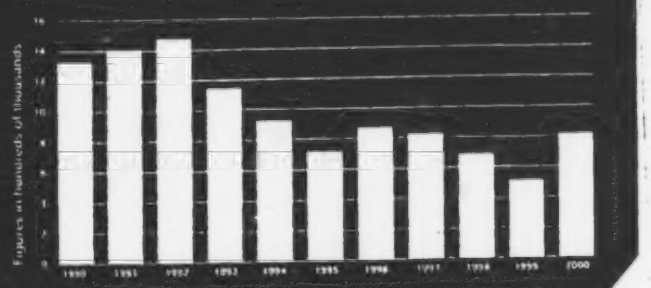
Percentage of children immunized against measles

Issue

Measles is a deadly but vaccine-preventable disease that mainly attacks children under five. When it does not kill, it can cause blindness, malnutrition, deafness or pneumonia. Because measles is highly contagious, vaccination coverage levels need to be maintained at least at 90 per cent.

Declining numbers

Reported measles cases worldwide* dropped by almost 40 per cent, 1990-2000



*Officially reported cases underrepresent the true number of annual new cases. However, the reduction in the number of reported cases indicates that the actual number of measles cases decreased. Better reporting and measles outbreaks account for the increase in 2000.

Source: WHO, 2001

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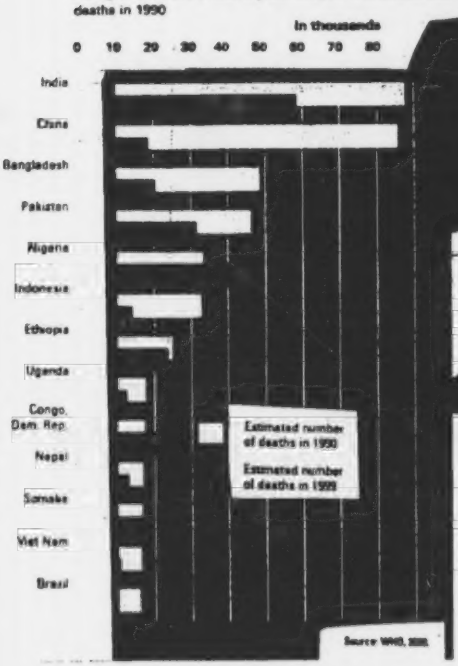
Significant reductions in high mortality countries

Changes in countries with highest number of neonatal tetanus deaths in 1990



Goal

Elimination of neonatal tetanus* by 1995

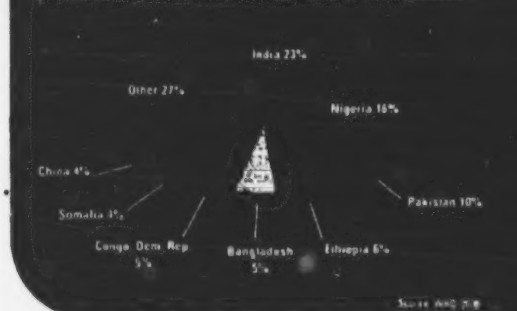
» Neonatal Tetanus

Progress in neonatal tetanus elimination, 1990-2000

More than 1 million child deaths prevented

Source WHO/UNICEF 2001

73 per cent of the developing world's estimated neonatal tetanus deaths occur in 8 countries



Result

By 2000, 104 of 161 developing countries had achieved elimination of neonatal tetanus. Another 22 countries are close to eliminating it. Neonatal tetanus deaths decreased by more than half from 470,000 to 215,000 during the 1990s as a result of increased tetanus toxoid protection and clean delivery practices.

... but

Maternal and neonatal tetanus (MNT) is still a public health problem in 57 developing countries. Immunizing all women of childbearing age with three doses of tetanus toxoid vaccine in high-risk areas protects women and their infants and is key to achieving elimination of MNT by 2005.

Issue

Neonatal tetanus is a preventable, often fatal condition resulting from unhygienic birth practices that expose the umbilical cord to tetanus bacteria. Pregnant women are also vulnerable to tetanus. It is most common in countries where access to basic health services is limited and hygiene conditions are poor.

*The reduction of neonatal tetanus cases to fewer than 1 case per 1,000 live births in every district of every country.

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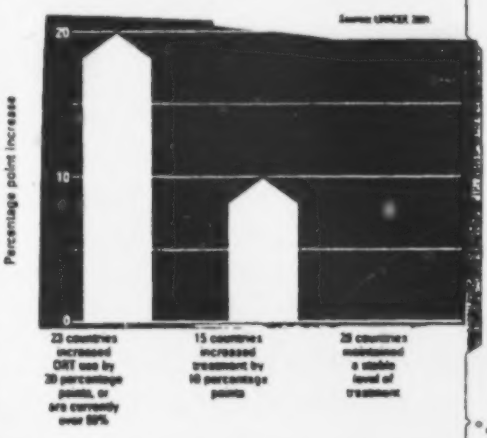
Goal

Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate

» Diarrhoeal Disease

MAJOR GLOBAL PROGRESS

ORT use increased or was maintained in many countries, 1990-2000


Percentage point increase
20
10
0
23 countries increased ORT use by 20 percentage points, or are currently over 80%
15 countries increased treatment by 10 percentage points
28 countries maintained a stable level of treatment

Widespread treatment of diarrhoea

Percentage of children with diarrhoea who received ORT*, 1990-2000**

ORT use: IF/CF, ORS only, ORS or SSS

☐ 50%+ ☐ 33-49% ☐ 0-32% ☐ No data

*ORT use in each country is measured according to the highest percentage of three indicators of ORT: IF/CF, ORS only, and ORS or SSS.

**Refers to children who received ORT in the two weeks prior to the survey.

Result

Diarrhoea was estimated to be the number one killer of children under five at the beginning of the decade. By 2000, the goal had been achieved with diarrhoea-related deaths declining by half. It is estimated that more than 1 million deaths may have been prevented every year. Success can be attributed to the promotion and use of oral rehydration therapy.

... but

Despite the major decline in diarrhoea mortality, it continues to exact a high toll. Continued reduction depends on family knowledge and behaviour for the effective home treatment of diarrhoea and the use of appropriate health services when children require additional care. Increased access to clean water and to improved sanitation also contribute to reducing diarrhoeal disease.

Issue

Most diarrhoea-related deaths result from dehydration – the loss of large quantities of water and salt from the body. Many deaths can be prevented with the use of oral rehydration therapy.

Oral rehydration therapy: A changing definition

Oral rehydration therapy (ORT) is the cornerstone of programmes to control diarrhoeal disease. Recommendations on the use of ORT, however, have changed over time, based on scientific progress in the home management of diarrhoea and on considerations of feasible treatment. Varying definitions of ORT have been adopted and promoted by countries at different times. While the current WHO/UNICEF recommendation for ORT is "increased fluids plus continued feeding" (IF/CF), several countries have high rates of ORT use according to previous definitions, which include oral rehydration salts (ORS) and home-made sugar/salt/water solutions (SSS). Until all countries have fully adopted the currently recommended ORT regimen, it will be difficult to accurately compare use rates.

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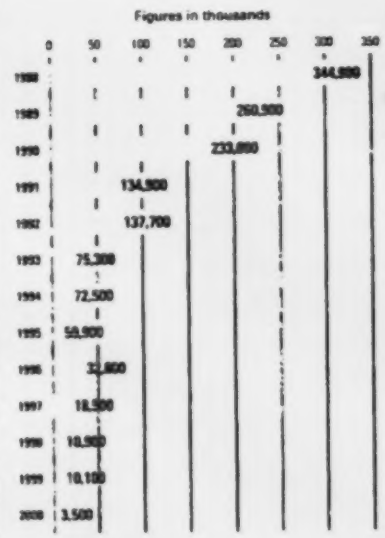
» Polio Eradication

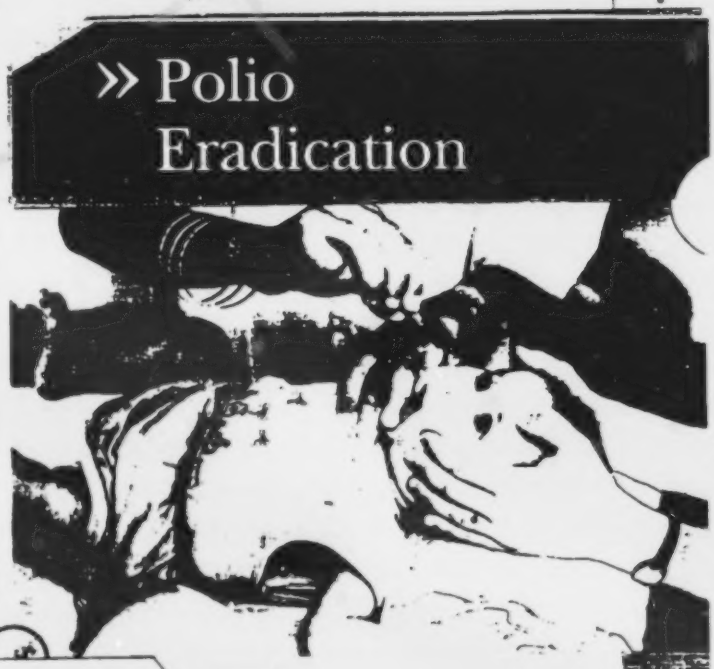
Goal

Global eradication of poliomyelitis by the year 2000

Polio cases drop by 99 per cent from 1988 to 2000

Estimated number of polio cases





Narrowing in on polio, 2000

Surveillance improves in 10 high-priority countries, 1999 and 2000

Region	Country	Number of reported polio cases		Non-polio AFP* detected (per 100,000 under 15) Target: at least 1 case
		1999	2000	2000
South Asia	India	2,817	265	2.0
	Pakistan	558	199	1.5
	Bangladesh	393	198	1.9
	Afghanistan	150	120	1.1
Africa	Nigeria	981	637	0.7
	Congo, Dem. Rep.	45	513	2.3
	Ethiopia	131	144	0.7
	Angola	1,103	119	1.6
	Somalia	19	96	2.2
	Sudan	60	79	1.4

*Non-polio acute flaccid paralysis (AFP) detection is a sensitive indicator of the precision of a polio surveillance system. Given the normal frequency of non-polio AFP in a population, an effective surveillance system should detect at least one case per 100,000 population under the age of 15. The increase in reported polio cases in some countries is mainly attributable to the increased quality of the surveillance system and does not reflect an increase in the number of polio cases.

Source for graph, map and table: WHO, July 2001.

Result

Polio cases have declined by 99 per cent since the launch of the polio eradication initiative in 1988, from 350,000 to less than 3,500 in 2000. Large areas of the world, including North and South America, Europe, the Commonwealth of Independent States, South-East Asia, China, and northern and southern Africa are polio-free. Polio immunization remains high, with more than 550 million children immunized in 2000 alone through National Immunization Days. Polio surveillance has improved significantly.

... but

Polio is still endemic in 20 countries, most of them extremely poor, heavily populated and/or devastated by civil war, making it difficult to reach and immunize children.

Issue

Polio is a highly infectious disease that has paralysed millions of children. The polio virus spreads silently and rapidly – only the first case of paralysis triggers awareness of an outbreak. Polio cannot be cured but it can be prevented by immunization.

Eradication of polio involves both halting the incidence (the number of new cases) of the disease and the worldwide eradication of poliovirus, the virus that causes it. The world will be certified polio-free after at least three years of no new cases reported due to indigenous wild poliovirus.

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» HIV/AIDS

Tragic numbers

- 36.1 million infected
- 22 million dead
- 10.4 million orphaned
- 5.3 million newly infected in 2000
- 50% of new infections found in young people aged 15-24

Unparalleled challenge

HIV/AIDS has emerged as a health and development crisis over the past decade. Sub-Saharan Africa is devastated, bearing close to 70 per cent of the world's infected people and about 90 per cent of children orphaned by AIDS. The disease is spreading rapidly in parts of Asia, Eastern Europe and the Caribbean, leaving in its wake a trail of death, misery and loss.

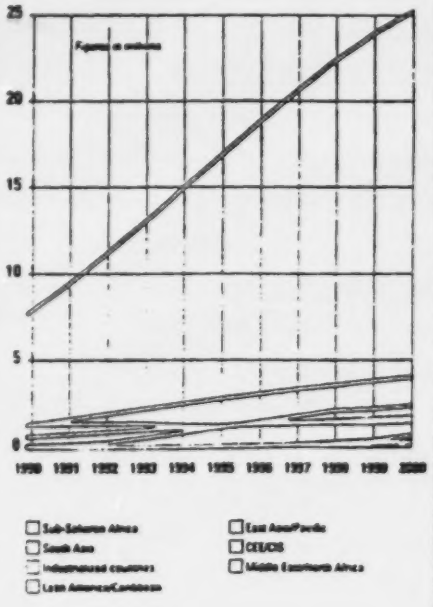
By 2000, an estimated 36.1 million people were infected worldwide, 50 per cent more than the most pessimistic projections a decade earlier. About 16.4 million of those infected are women and 1.4 million are children under age 15.

The under-five mortality rate (U5MR) in the worst-affected areas is expected to increase by over 100 per cent by 2010. Of the more than 5 million new infections in 2000, 50 per cent were among young people aged 15-24, with adolescent girls and young women being especially vulnerable.

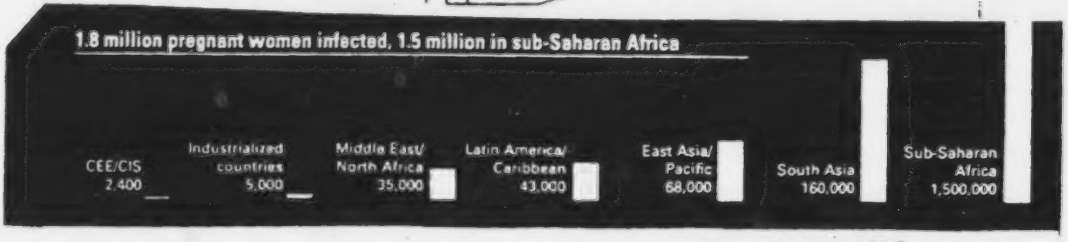
Ignorance about the epidemic remains pervasive among young people, many of whom do not know how to protect themselves.

BURDEN OF DISEASE

Number of people living with HIV/AIDS, 1990-2000



1.8 million pregnant women infected, 1.5 million in sub-Saharan Africa



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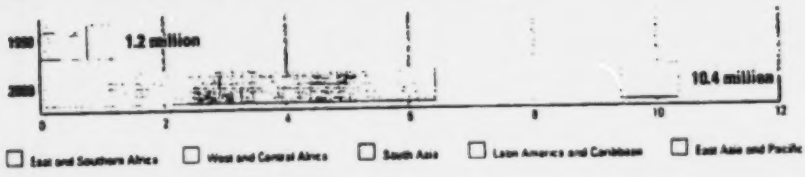
CHILDREN ORPHANED BY AIDS

Children orphaned by AIDS comprise the majority of the millions of children under 15 whose mother or both parents have died. There are about 10.4 million children orphaned by AIDS now and the figure is expected to double by 2010.

The human and social consequences of this tragedy are staggering. Orphans face uncertain futures in which they are denied opportunities for school, health care, growth, development, nutrition and shelter. They are also at great risk of abuse and exploitation.

Large-scale, long-term strategies and increased resources allocated to those who care for orphans are needed to address this extreme challenge that children, families, communities and governments face, to ensure that orphans enjoy their full rights equally with other children.

Millions of children under 15 lost their mother or both parents to AIDS, 1990-2000



PREVALENCE AMONG YOUNG PEOPLE AGED 15-24

Percentage of young people with HIV/AIDS

10.3 million HIV+ young people
6.4 million young women
3.9 million young men

Declaration of commitment from the June 2001 UN Special Session on HIV/AIDS

By 2005

- Reduce HIV prevalence among young people aged 15-24 by 25 per cent in the most affected countries.
- Ensure that at least 90 per cent of young people aged 15-24 have access to information, education and services necessary to develop the life skills to reduce their vulnerability to HIV.
- Reduce the proportion of infants infected with HIV by 20 per cent by increasing the information, counselling, testing and treatment services available to pregnant women to reduce mother-to-child transmission of HIV.
- Implement national policies and strategies to strengthen capacities to provide a supportive environment for orphans and children infected by HIV/AIDS and ensure that they have access to education and to health services on an equal basis with other children.

Source for all graphs and map: UNAIDS/UNICEF, 2001

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» Working Children

Protecting children against injurious work

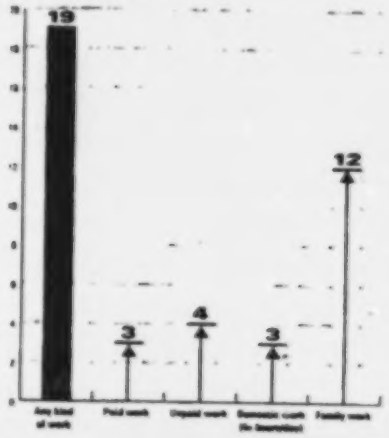
Millions of children work to help their families in ways that are neither harmful nor exploitative. But millions more are put to work in ways that drain childhood of all joy – and crush the right to normal physical and mental development.

The end-decade multiple indicator cluster surveys (MICS) for the first time enabled 49 countries to report on working children. These data are still being reviewed and analysed. Preliminary analysis show that in more than 30 countries covering 35 per cent of the developing world, 19 per cent of 5- to 14-year-olds are working. About 21 per cent of children in this age group living in rural areas work, compared to 13 per cent of those in urban areas. Two thirds of those working do so for a family farm or business.

More detailed analysis is on-going on the impact of work on children's right to education. (See also pages 10 and 11.)

Two thirds do family work*

Percentage of children aged 5-14 engaged in paid or unpaid work, who did domestic work for four or more hours or who worked for a family farm or business



* Work for a family farm or business.

» Birth Registration

Right to a name and a nationality

It is the right of all children to be registered immediately after birth. This is the first step in guaranteeing all of their rights, including health care, education, social support and protection against exploitation. Birth registration also helps a State plan for its citizens.

Yet, by the end of the decade, more than two fifths of the 132 million babies born every year were unregistered.

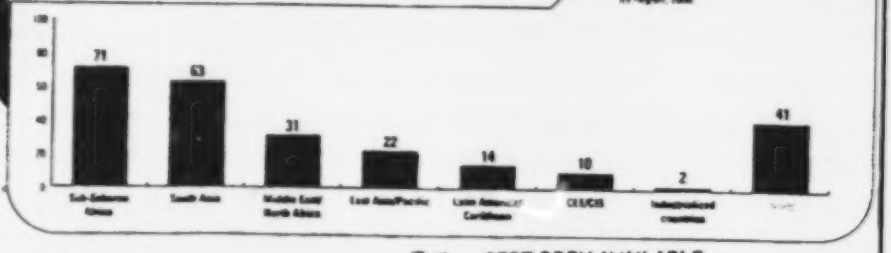
Household surveys carried out in the last two years enabled nearly one quarter of developing countries to improve their reporting on birth registration.

The wide rural and urban disparities in birth registration must be reduced to ensure equal protection of rights. Guinea-Bissau is an example of a least developed country that has managed to redress this imbalance through additional registration efforts in rural areas.

Levels of birth registration, 2000 estimates

Over 50 million births not registered

Percentage of annual births not registered by region, 2000



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» IMCI

Integrated Management of Childhood Illness (IMCI)

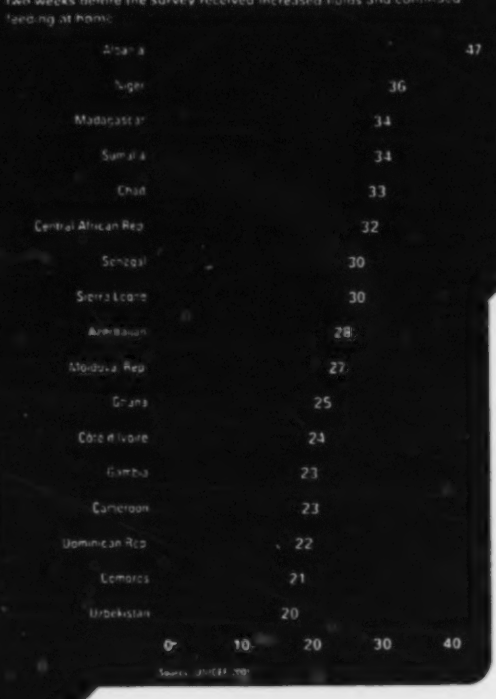
More than 10 million children under the age of five die every year from easily preventable and treatable illnesses such as diarrhoeal dehydration, acute respiratory infection, measles and malaria. In half of the cases, illness is complicated by malnutrition.

The Integrated Management of Childhood Illness (IMCI) initiative was first developed in 1992 by UNICEF and WHO with the aim of preventing these leading childhood killers or detecting and treating them as early as possible.

The IMCI approach recognizes that, in most cases, more than one underlying cause contributes to a child's illness. IMCI focuses on improving both family and community practices for the home management of illness and the case management skills of health workers in the wider health system. IMCI encourages using "increased fluids and continued feeding" for home management of childhood illness and uses this principle as a proxy indicator of programme effectiveness.

CHILDREN WHO RECEIVE CARE AT HOME

Countries in which 20 per cent or more of under-fives with illness in the two weeks before the survey received increased fluids and continued feeding at home



» Malaria

Malaria

[illegible]

Ground-breaking data on bednet use*

Percentage of children who slept under [illegible] or insecticide-treated bednets

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Historic data collection effort

The effort to monitor the goals of the World Summit for Children was the largest ever data collection exercise in history for monitoring children's rights and well-being.

The key to this endeavour was the creation of the multiple indicator cluster surveys (MICS). This flexible, practical survey method developed by UNICEF and a number of partners in 1997 was used to assess progress on all goals at the end of the decade. Through the surveys, data were collected not only on nutrition, health and education, but also on birth registration, family environment, child work and knowledge of HIV/AIDS.

The end-decade MICS were conducted in 66 countries, primarily by national government ministries with support from a variety of partners. The Demographic and Health Surveys also provided relevant data for 35 countries, thus helping fill many gaps in data on children in the developing world, as can be seen from the map. These surveys were complemented with data from existing systems, such as those in education and health.

End-decade household survey activity

Developing countries*, 1998-2000

Multiple indicator cluster surveys (MICS) were conducted in 66 countries and Demographic and Health Surveys (DHS) in 35. Some countries conducted both surveys.

* Includes Albania and Yugoslavia

Source UNICEF, 2001

The maps in this publication do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

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September 2001

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